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# Loving me or loving you: influencing the attitudes and behaviors of children through a prosocial intervention

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LOVING ME OR LOVING YOU:  
INFLUENCING THE ATTITUDES AND BEHAVIORS OF CHILDREN  
THROUGH A PROSOCIAL INTERVENTION

A Thesis

Submitted to the Graduate Faculty of the  
Louisiana State University and  
Agricultural and Mechanical College  
in partial fulfillment of the  
requirements for the degree of  
Master of Science

in

The School of Human Ecology

by  
Shawna H. Gose  
B.S., Wheaton College, 2006  
May 2011

*Dedicated to Ty.*

*Thank you for sharing your life with me.*

*Can't wait to enjoy it with you again!*

*~Shg*

## **ACKNOWLEDGEMENTS**

To Ty, who has been my companion, sounding-board, sharer-of-frustrations, and giver-of-support. I would not have made it through this process without you by my side.

To Dr. Jennifer Baumgartner, who taught this researcher how to research and who walked each step of this project with me.

To Jill Garner, who taught me the true meaning of manners and who continues to be a source of encouragement and inspiration.

To Kate Kleinpeter, whose positive attitude and high energy gave me hope and peace.

To Mary-Frances Neuner, whose sweet helpfulness gave me support and gratitude.

To Jennifer Young and Shawn Mills, who demonstrated their commitment to educating the hearts of children.

To Carter Stone, for understanding the importance of this project and for making it happen.

To Dr. Loren Marks, Dr. Cyndi DiCarlo, Dr. Sarah Pierce, and Dr. Katherine Mitchell, who taught me how to think critically and who provided knowledge and insight to make this project the best it could be.

To Dr. Carrie Ota, Marshall LaMoyne, and Shaofeng Pei, who offered statistical guidance.

To Mom and Dad, who continue to be real-life examples of humility and integrity. Who taught me the importance of “we”.

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## **ABSTRACT**

Research indicates that narcissism may increase antisocial tendencies in children as young as preschool. In this quasi-experimental study, manners lessons on selfless, prosocial behavior were used as an intervention to decrease narcissism and antisocial behavior within second and third grade classrooms. Manners lessons provided children with opportunities to demonstrate prosocial attitudes toward others and thus were expected to decrease narcissism, increase empathy, decrease conduct problems and peer problems, and increase prosocial behavior. The present intervention positively influenced the external behavior of children as indicated by a decrease in conduct problems and peer problems and an increase in prosocial behavior for intervention group participants. The allotted treatment time did not produce a significant change in attitudes of narcissism or empathy, however. Additional, longitudinal studies are needed to further examine the influence of intervention on internal attitudes of narcissism and empathy.

# CHAPTER 1

## INTRODUCTION

It is a common belief in western societies that loving others begins with loving yourself (Campbell & Baumeister, 2004). Researchers agree that this idea gained popularity in the 1970's through the *self-esteem movement* (Campbell & Baumeister, 2004; Twenge, 2006)—a movement to increase the self-esteem of children and youth due to a growing perspective that low self-esteem (i.e., low self-love) was to blame for antisocial or *un-loving* behaviors (Baumeister, 2005; Bushman, Baumeister, Thomaes, Ryu, Begeer, & West, 2009; Twenge, 2006). Since that time, research has indicated many developmental disadvantages of low self-esteem such as depression (Orth, Robins, & Meier, 2009), delinquency (Donnellan, Trzesniewski, Robins, Moffit, & Caspi, 2005), and aggression (Donnellan et al., 2005). Conversely, high self-esteem appears to benefit the individual in many ways (for a review, see Baumeister, Campbell, Krueger & Vohs, 2003). For example, high self-esteem individuals are found to be happier (Baumeister, Campbell, Krueger & Vohs, 2003) and more expectant of success (Baumeister & Tice, 1985).

Within the scientific literature, loving attitudes or behaviors are often operationalized as *prosocial* tendencies (Hardy & Carlo, 2005; Padilla-Walker, 2007). While one intention of the self-esteem movement was thus to increase prosocial development in society (Campbell & Baumeister, 2004), research still lacks evidence to support the idea that self-love enhances one's ability to love others (Campbell, Foster, & Finkel, 2002). In fact, recent findings indicate that high self-esteem may sometimes support antisocial tendencies, rather than prosocial ones (Menon, Tobin, Menon, Corby, Hodges, & Perry, 2007; Thomaes, Bushman, Stegge, & Olthof, 2008). Additionally, since the 1970's, research has demonstrated a 30% increase in a more extreme version of self-love—the self-love of *narcissism* (Twenge, Konrath, Foster, Campbell &



Bushman, 2008). Research on general attitudes of narcissism (not to be confused with the personality disorder) (Thomaes, Stegge, Bushman, Olthof & Denissen, 2008) consistently demonstrates a positive correlation with antisocial behavior among both children and adults (Ang & Yusof, 2005; Baumeister, Bushman, & Campbell, 2000; Bushman & Baumeister, 1998; Campbell, Foster, & Finkel, 2002; Exline, Baumeister, Bushman, Campbell & Finkel, 2004; Thomaes, Bushman, Stegge, & Olthof, 2008). Due to the consistency in these findings, the present paper will primarily address the self-love of narcissism along with its antisocial consequences. The relationship between high self-esteem and narcissism will also be considered as some researchers suggest that attempts to boost the self-esteem of children may be responsible for increasing narcissism (Twenge, Konrath, Foster, Campbell, & Bushman, 2008). More research is still needed to understand influences that will decrease or prevent antisocial attitudes of narcissism and also increase prosocial tendencies.

Antisocial attitudes among today's children and youth may have profound repercussions for our society's future marriages, families, and communities (Baumeister, 2005; Baumeister, Bushman, & Campbell, 2000; Bushman & Baumeister, 1998; Campbell, Foster, & Finkel, 2002; Padilla-Walker, 2007). The purpose of this project was to evaluate an intervention program targeted at decreasing narcissistic attitudes and antisocial behaviors while also supporting prosocial development. Specifically, the present intervention investigated the personal and social effects of directly teaching prosocial behavior to children through manners instruction. In this study, it was intended that manners lessons would increase a child's prosocial behavior and the prosocial attitude of empathy, while also decreasing antisocial behavior and the antisocial attitude of narcissism. The goal of this project was to provide parents, educators, and social

scientists with knowledge that will assist them in directing children toward positive prosocial relationships.

## **Overview of Literature**

Prosocial behavior is “any voluntary behavior intended to benefit another” (Gregory, Light-Hausermann, Rijdsdijk, & Eley, 2009, p. 165). Prosocial behavior can also be considered a scientific synonym of moral behavior (Malti, Gummerum, Keller, & Buchmann, 2009), altruism (Hing Kueng & Man Chi, 1991), and love (Clough, 2006). While many authors refer to prosocial behavior as any behavior that serves others rather than serving the self (McGrath, & Brown, 2008; Simpson & Willer, 2008), other studies have discovered that there are sometimes self-serving aspects of prosocial behavior (Boxer, Tisak, & Goldstein, 2004; Simpson & Willer, 2008). The present study is specifically concerned with understanding and supporting the development of selfless prosocial behavior in children, defining manners as “an attitude from the heart that is self-giving, not self-serving” (Rigby, 1999, p. 16).

The theories of Eric Erikson, Viktor Frankl, and Lev Vygotsky provide understanding regarding the importance of prosocial development. Erikson’s theory on psychosocial development suggests that one’s relationships with others (i.e., intimacy) and prosocial behavior toward them (i.e., generativity) are the foundations of the life cycle (Erikson, 1997). Frankl additionally suggests that meaning is found outside of ourselves, in relationships and prosocial service (Frankl, 1984). Vygotsky’s theory on sociocultural and sociohistorical development provides additional understanding regarding the ways that prosocial behavior is encouraged within different cultural contexts. For example, cultures differ greatly in the amount of emphasis placed on the self, compared to emphasis placed on the group (Abrams & Hogg, 2004; Branco, 2003)—likely influencing a child’s learning of behaviors that benefit the self (i.e., antisocial

behaviors), versus those that benefit others (i.e., prosocial behaviors). Research supports the idea that culture also plays a role in the development of narcissism, evidenced by especially high levels of narcissism among those from younger adult populations, certain ethnic cultures (e.g., African American and Hispanic American populations), and non-collectivist world regions (e.g., United States, Canada, and Europe) (Foster, Campbell, & Twenge, 2003).

The development of narcissism and corresponding social behaviors will also be addressed in the present paper. The developmental stage of a child is an important influence on his or her ability to think prosocially as Piaget claimed that children were naturally egocentric and unable to consider the viewpoints of others until the age of seven (Ratner, 1991). Still, developmental and empirical literature suggests that more long-term attitudes of narcissism can be discovered through the self-reports of children as young as eight (Thomaes, Bushman, Orobio De Castro, & Stegge, 2009). Research and theory suggest that narcissism develops due to excessively harsh or neglectful environments or conversely, in environments that are pampering or overindulgent to the developing child (Ramsey, Watson, Biderman & Reeves, 1996; Thomaes, Bushman, Orobio De Castro, & Stegge, 2009). This first theory suggests that children lacking in strong social relationships are most at risk for developing narcissism while the second suggests that children who are made to feel like the *center* of social relationships will become more narcissistic. Theoretically then, the best environment for preventing narcissism development and increasing prosocial attitudes may be one that provides strong attachment with others, but without overemphasizing the individual child (Ramsey, Watson, Biderman & Reeves, 1996). However, future research still needs to consider intervention methods that will reduce narcissism and instead increase prosocial attitudes and behaviors.

## **Overview of Method**

In this study, manners instruction was used as a prosocial intervention to confront antisocial attitudes and behaviors within the classroom. Lessons from the Manners of the Heart® character education program were used to help children understand and apply prosocial behavior. Manners lessons encouraged children to be mindful of the thoughts or feelings of others, and also provided children with practical opportunities to demonstrate self-giving behavior toward others. As a result, the manners intervention was expected to support a child's prosocial tendencies as evidenced by a decrease in narcissism and antisocial behaviors, along with an increase in prosocial attitudes and behaviors. Compared to control group classrooms, the teaching of manners was hypothesized to: (a) decrease narcissism scores; (b) decrease conduct problems and peer problems; (c) increase feelings of empathy toward others; and finally (d) increase prosocial behavior. Measures were completed by participants before and after the prosocial intervention. Students self-reported on attitudes of narcissism using the Childhood Narcissism Scale (Thomaes, Stegge, Bushman, Olthof, & Denissen, 2008) and on attitudes of empathy using Bryant's Index of Empathy for Children and Adolescents (Bryant, 1982). Teachers reported on the conduct problems, peer problems, and prosocial behavior of students using the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 2001).

## **List of Definitions**

- Prosocial behavior- "Any voluntary behavior intended to benefit another" (Gregory, Light-Hausermann, Rijdsdijk, & Eley, 2009, p. 165).
- Antisocial behavior- "Actions that harm others, violate societal norms, and/or infringe on the personal or property rights of others" (Burt & Donnellan, 2009, p. 376).

- Self-love- Love for oneself. Evidenced by both self-esteem and narcissism (Campbell & Baumeister, 2004).
- Self-esteem- The level of love or regard a person holds for him or herself. Specifically, “high self-esteem refers to a highly favorable global evaluation of the self” whereas, “low self-esteem... refers to an unfavorable definition of the self” (Baumeister, Campbell, Krueger & Vohs, 2003, p. 2).
- Narcissism- Self-love, characterized by high levels of self-absorption, feelings of entitlement and superiority, and frequent interpersonal problems (Ang & Raine, 2008; Carlson & Gjerde, 2009; Campbell & Baumeister, 2004; Thomaes, Stegge, Bushman, Olthof, & Denissen, 2008). Narcissism is here referred to as a general attitude, not to be confused with the Narcissistic Personality Disorder.
- Empathy- “Feelings of compassion, sympathy, tenderness, and the like” (Stocks, Lishner & Decker, 2009, p. 649).
- Conduct Problems- Antisocial behaviors, such as bullying, lying, or disobedience (Van Roy, Veenstra & Clench-Aas, 2008).
- Peer Problems- Inability to positively socialize with others of the same age (measured by appearance of loneliness or being disliked or picked on by peers) (Van Roy et al., 2008).
- Emotional Symptoms- External behavior indicating poor emotional adjustment, such as fearfulness, unhappiness, or nervousness (Van Roy et al., 2008).
- Culture- “Shared beliefs, values, knowledge, skills, structured relationships, ways of doing things... socialization practices, and symbol systems” (Miller, 2002, p. 374).
- Character education- “The deliberate effort to teach virtue” (Lickona, 1997, p. 65).

- Manners- “An attitude from the heart that is self-giving, not self-serving” (Rigby, 1999, p. 16). Additionally, the purpose of teaching manners is that “as our children develop empathy, they become connected to the people around them... and their self-centeredness gives way to others-centeredness. They see the world with the eyes of their hearts. They see the needs of others” (Rigby, 2008, p. 119).

### **Limitations**

- The present study is a quasi-experimental design using the random assignment of intact classrooms, rather than the random assignment of individual subjects.
- The present study relies on the reports of teachers to assess the antisocial and prosocial behaviors of students, rather than utilizing the researcher’s direct observation of student behavior.
- The present study is not a longitudinal study, but investigates the impact of intervention over a 10-week period.

### **Assumptions**

- A child’s ability to successfully relate with others is of developmental importance (Erikson, 1997; Frankl, 1984; Vygotsky, 1994).
- Prosocial behavior differs on a continuum from antisocial behavior (Hart, Burock, London, & Atkins, 2003).
- Narcissism is an antisocial attitude (Campbell, Foster, & Finkel, 2002; Exline, Baumeister, Bushman, Campbell & Finkel, 2004), involving a concern for *self* over a concern for *others*.

## **CHAPTER 2**

### **REVIEW OF LITERATURE**

This project is intended to investigate the influence of intervention on the antisocial and prosocial attitudes and behaviors of children. Due to its increasing prevalence within certain societies (Twenge, Konrath, Foster, Campbell, & Bushman, 2008), the antisocial attitude of narcissism will be the primary variable of interest. To begin, a review of the theories of Erik Erikson, Viktor Frankl, and Lev Vygotsky will provide a conceptual understanding of the importance of social relationships. The present review will continue with a description of the prosocial and antisocial consequences of both self-esteem and narcissism, investigating the ways that one's perception of *self* may influence his or her behavior toward *others*. This review will conclude with a description of potential intervention opportunities to support the prosocial attitudes and behaviors of children, specifically considering the use of manners lessons as prosocial, character education in the classroom.

#### **Theoretical Framework**

The theories of Erikson, Frankl, and Vygotsky significantly contribute toward our understanding of the importance of social relationships. First, Erikson's stages of psychosocial development emphasize the critical importance of (1) growing and living *with others*, and (2) self-sacrifice for the benefit *of others*. Similarly, Frankl suggests that the key to being human involves finding meaning in relationship with others and service to mankind. Vygotsky adds additional understanding regarding interpersonal processes and prosocial development in the cultural context. While each theory emphasizes different aspects of life and development, they all contribute toward our greater understanding of the individual in relationship with others.

## **Erikson**

In Erikson's theory, it is not merely the individual "self" (i.e., ego) that is important, but the "self" in relationship with others (i.e., ethos) (Erikson, 1997). After attaining trust, autonomy, and initiative in the first three stages of life, the elementary child is faced with the crisis of industry versus inferiority. At this age, a child first realizes his or her ability to contribute and "now learns to win recognition by producing things" (1963, p. 359). A child who does not recognize his or her industrial accomplishments will likely conclude elementary school with feelings of inferiority in comparison to peers. However, the main objective of this stage is not simply for children to feel better about themselves and their own accomplishments as "this is socially a most decisive stage: since industry involves doing things *beside and with others* [emphasis added]... a sense of the technological ethos of a culture, develops at this time" (Erikson, 1963, p. 260). Thus, in the early elementary years, children first learn the value of working with others, rather than independently, for the greater good of the classroom or the home. It appears that this stage will greatly influence a child's ability to exercise such tasks as teamwork and perspective-taking later in life.

Erikson's sense of industry involves the discovery of self within the context of others. While a focus on identity may be misconstrued as a focus on self (and subsequent lack of attention toward others), Erikson's conception of identity achievement is just the opposite: "the sense of ego identity, then, is the accrued confidence that the inner sameness and continuity prepared in the past are matched by the sameness and continuity of *one's meaning for others* [emphasis added]" (1963, p. 261). In other words, focusing on one's "inner sameness" and "continuity" involves consideration of the social world. Erikson appears to be saying that identity achievement requires consistency between one's personal attributes or abilities and the attributes



or abilities that are used to positively affect others. Practically speaking, such an idea indicates that an adolescent will not realize his or her full potential by dwelling on personal strengths (e.g., by focusing on self-esteem), but only by using those inner traits to benefit society in some way.

Erikson's nine stages of development seem to peak during intimacy *with* others (the sixth stage) and generativity *toward* others (the seventh stage) (Erikson, 1997; Erikson, 1963). In his theory, the preceding goals of trust, autonomy, initiative, industry, and identity must be satisfactorily achieved in childhood and adolescence in order for adults to experience satisfying relationships with others (i.e., intimacy) and to willingly offer their own self-sacrifice (i.e., generativity) in order to benefit younger generations. Some individuals may fail to achieve intimacy due to a fear of losing their own individualism and to this Erikson writes "the avoidance of such experiences because of a fear of ego loss may lead to a deep sense of isolation and consequent self-absorption" (1963, p. 264)—a focus on self that additionally prohibits the positive resolution of future psychosocial crisis in the life cycle. Furthermore, if self-absorption prevents intimacy and subsequent generativity, Erikson suggests, "if one should withdraw altogether from generativity, from creativity, from caring for and with others entirely, that would be worse than death" (Erikson, 1997, p. 112). Thus, the purpose of life, according to Erikson, is found in prosocial service and relationship with others. Additionally, self-love does not appear to benefit generativity, as Erikson writes, "some young parents suffer, it seems, from the retardation of the ability to develop this stage. The reasons are often to be found in early childhood impressions; in excessive self-love based on a too strenuously self-made personality; and finally... in the lack of some faith" (1963, p. 267). Thus a generative adult is one who is not consumed by self-love and lack of faith in others; one who does not rely solely on his or her

independent accomplishments (i.e., a “self-made personality”), but is able to exert efforts (i.e., industry) with and for others.

Erikson suggested it was the parents’ responsibility to teach children appropriate ways to behave in society through the process of *ritualization* (Erikson, 1997, p. 43). Through their exchange with adults, children learn culturally acceptable thoughts and behaviors. In some of his earliest writings, Erikson conveyed that self-love (i.e., narcissism) is one attitude children are born with, yet becomes culturally unacceptable beyond a certain age (Capps, 2008). Mothers have the responsibility of growing children out of their infant-like self-love through ritualization, and sometimes through punishment. Erikson provides the Biblical example of tragic Absalom as one whose mother failed to help him outgrow narcissism in order to succeed in the world (Capps, 2008). Thus, self-love (i.e., narcissism or self-esteem) is a detriment to the growing child as he or she strives to find meaning in relationship with others—meaning that is better understood through Frankl’s writings.

### **Frankl**

In *Man’s Search for Meaning*, Viktor Frankl (1984) suggests that our very “humanness” is achieved when a sense of meaning is found. Frankl hypothesized that meaninglessness would spread in the 20<sup>th</sup> century through the “existential vacuum” of society, producing severe consequences that include extensive depression, aggression, and lack of self-control. An overwhelming sense of boredom seems to contribute toward one’s obsessing over life’s lack of meaning, which Frankl found to be most prevalent among his American students (Frankl, 1984). Meaning, however, will only be found *outside* of ourselves as Frankl writes: “I wish to stress that the true meaning of life is to be discovered *in the world* [emphasis added] rather than within man or his own psyche, as though it were a closed system” (Frankl, 1984, p. 115). Thus, contrary to

self-esteem teachings directing individuals to find meaning from *within*, Frankl's logotherapy stretches individuals to find meaning *outside* of themselves in relationships and service.

Rather than striving for self-love and self-actualization, Frankl upholds *self-forgetfulness* and *self-transcendence* as the greatest accomplishments of mankind:

“Being human always points, and is directed, *to something, or someone other than oneself* [emphasis added]—be it a meaning to fulfill or another human being to encounter. The more one forgets himself—by giving himself to a cause to serve or another person to love—the more human he is and the more he actualizes himself... self-actualization is possible only as a side-effect of self-transcendence” (Frankl, 1984, p. 115).

Thus, focusing on ourselves through self-actualization—or similarly, through self-love as self-esteem advocates suggest—will never be fulfilling or purposeful in and of itself, according to Frankl. Instead, meaning is found in life when we seemingly “forget” or “transcend beyond” ourselves, committing to serving and loving others.

### **Vygotsky**

Vygotsky's theory on sociocultural development provides additional understanding regarding prosocial influences within the surrounding context. Vygotsky maintained that we are born social beings and “to be aware of oneself thus requires that one also (first) be aware of others” (Ratner, 1991, p. 126)—potentially supporting the idea that love for others (i.e., prosocial behavior) occurs regardless of love for self (i.e., self-esteem). Development in Vygotsky's theory depends on human interaction as, “Vygotsky saw practical activities developing from the child's attempts to deal with everyday problems... in dealing with these problems, the child always develops strategies collectively—that is, in interaction with others” (Corsaro, 1997, p. 15). Adults can influence the developing child directly through scaffolding, in which they assist in

problem solving activities (Turner & Berkowitz, 2005), or indirectly through modeling (Miller, 2002). Thus, adults should be aware of the prosocial or antisocial messages that they may communicate—directly or indirectly—to children.

Vygotsky's theory adds insight to the understanding of prosocial development as influenced by a child's culture. Culture is defined as “shared beliefs, values, knowledge, skills, structured relationships, ways of doing things (customs), socialization practices, and symbol systems” (Miller, 2002, p. 374). All aspects of Vygotsky's theory involve the individual *within* the larger social, cultural, and historical context (Vygotsky, 1994)—focusing on the individual alone is insufficient for understanding attitudes and behaviors, according to socioculturalism. Additionally, Vygotsky asserted that development occurs through social interaction that takes place on the *interpersonal* (i.e., external) plane and *subsequently* appears on the child's *intrapersonal* (i.e., internal) plane (Vygotsky, 1978), a concept contrary to Piaget, whose mechanism for cognitive development involved the child's internal—and individual—struggle toward equilibration (Tudge & Winterhoff, 1993). Thus, “for Piaget, human development is primarily individualistic, while for Vygotsky it is primarily collective” (Corsaro, 1997, p. 15).

Vygotsky's belief that interpersonal processes take precedence over intrapersonal processes (Vygotsky, 1978) is a collective idea that is seemingly contrary to the Western emphasis on individualism (Miller, 2002). While Piaget asserted that “individualism naturally precedes sociality” (Ratner, 1991, p. 127), socioculturalism maintains just the opposite: “Individualistic thinking is a product of social relations” (Ratner, 1991, p. 127). It is true that cultures differ greatly in the amount of emphasis placed on the “self” (i.e., “me”; e.g., independence) versus the emphasis placed on “others” (i.e., “the group”; e.g., interdependence) (Abrams & Hogg, 2004; Branco, 2003). Whereas communal cultures, such as Asia, are

concerned with promoting social obligation and interdependence, individualistic cultures, such as the United States, are often concerned with promoting independence and individuality (Abrams & Hogg, 2004). In communal cultures, the collective identity is more important than the individual's identity (Baumeister & Twenge, 2003).

Cultures also vary in the extent that “self” or “self-esteem” is a socially acceptable emphasis for the developing child. Thompson and Goodvin (2005) write that, “features of the self develop within the context of cultural beliefs about the nature of self. Thus, although children universally distinguish themselves from others and assign categorical labels to who they are, the nature and characteristics of self that children construct and what children value (or devalue) about themselves depend on the culture context in which they live” (p. 412). As high self-esteem is defined by high values for the self (Baumeister, Campbell, Krueger & Vohs, 2003), this quote by developmental scholars indicates that self-esteem is largely constructed based on cultural messages of appropriateness. Children raised in collective countries (e.g., China or Japan) are therefore raised with less of an emphasis on “self” traits (e.g., independence) than those raised in individualistic countries (e.g., The United States or Canada) (Cole, 2005; Thompson & Goodvin, 2005). Baumeister and Twenge describe the distinction as “individualistic societies support diversity, self-expression, and the rights of individuals, whereas collectivistic societies promote conformity and a sense of obligation to the group” (2004, p. 343). Furthermore, “whereas the enhancement of self-esteem is regarded as particularly significant among friends in Western cultures, it is not highly appreciated among children in other cultures” (Rubin, Chen, Coplan, Buskirk & Wojslawowica, 2005, p. 499). Taken together, parents in Western societies are more likely to socialize their children to behave according to

individualistic values, often resulting in higher personal esteem among their children than among those in Eastern societies.

### **Summary on Theoretical Review**

A review of the theories of Erikson, Frankl, and Vygotsky indicates that relationships play an important role in the life of the developing child. Erikson suggests that intimacy (i.e., relationship with others) and generativity (i.e., prosocial activities) are fundamental to the life cycle. Frankl adds that meaning is the primary goal for humanity, but similarly, it is only achieved through relationships and service. Vygotsky provides additional insight on the role of culture in influencing individual versus social priorities, and maintains that development is only possible through our interaction with others. None of the three theories emphasizes the individual alone, nor do any seem to support the pursuit of self-love; instead, each of the theories reminds us that our relationships with others are of the highest priority. As children are social beings who grow and find meaning through interaction with others (Erikson, 1997; Frankl, 1984; Vygotsky, 1978), prosocial abilities appear to be critically important in a child's development. It is thus important to consider the ways that self-love may influence our relationships with others. The following review of research on prosocial behavior, self-esteem and narcissism provides a deeper understanding of the overlap between self-love and external behavior toward others.

### **Review of Empirical Research**

As the theorists have suggested, the ability to successfully relate with others is of critical importance in development (Michiels, Grietens, Onghena & Kuppens, 2008). Such successful or loving interaction has been termed "prosocial behavior" in the field of social science (Barry & Wentzel, 2006; Ellis & Zabatany, 2007; Hardy & Carlo, 2005; Hastings, McShane, Parker, & Ladha, 2007; Knafo & Plomin, 2006; Padilla-Walker & Carlo, 2007)—a topic that has involved

an abundance of academic research, further reflecting its importance for practice. Researchers have examined environmental influences on prosocial behavior that include parenting (Hastings, et al., 2007; Knafo & Plomin, 2006; Padilla-Walker, 2007; Padilla-Walker & Carlo, 2007), religion (Hardy & Carlo, 2005), and peer relationships (Barry & Wentzel, 2006; Ellis & Zabatany, 2007; Padilla-Walker & Carlo, 2007), among many others. Developmental influences such as child temperament (Veenstra, Lindenberg, Oldehinkel, Winter & Ormel, 2006) and caregiver attachment (Fearon, Bakermans-Kranenburg, van IJzendoorn, Lapsley & Roisman, 2010) also largely predict a child's prosocial or antisocial tendencies. Providing opportunities for children to engage in prosocial activities appears to influence not only prosocial helpfulness, but also self-awareness and future civic engagement (Reinders & Youniss, 2006). Practically speaking, creating opportunities for children to engage in meaningful activities with others may influence their internal attitudes and long-term social behaviors.

Cultural influences may have a profound impact on the prosocial behaviors that become meaningful to a child, a sociocultural idea that is also supported by research. For example, rural children were more likely to act prosocially than urban children (Dixon & Stevick, 1982) and older children in low socioeconomic areas focused on more self-beneficial causes for prosocial behavior compared to younger children (McGrath & Brown, 2008). Additionally, prosocial values seem to vary between ethnic cultures as studies have found children of certain ethnicities to be less prosocial (Wentzel, Fillissette, & Looney, 2007) and more socially aggressive (David & Kistner, 2000) than others. Research has indicated several environmental mechanisms that may contribute toward these behavioral outcomes in children, such as early childhood neglect (Kotch et al., 2008), exposure to violence (Turner, Finkelhor & Ormrod, 2006) or lack of parental attachment (Bosmans, Braet, Leeuwen & Beyers, 2006).

Sociocultural theory may also help explain gendered socialization of prosocial behavior as girls and boys appear to learn different behaviors from their particular context. For example, girls are consistently found to: (a) exhibit more prosocial behavior (Gregory, Light-Hausermann, Rijdsdijk, & Eley, 2009; Wentzel, Fillisettie, & Looney, 2007) and empathy (Wentzel et al., 2007); (b) have more prosocial values (Padilla-Walker, 2007) and prosocial goals (Barry and Wentzel, 2006); (c) be perceived as more prosocial by classmates (Barry & Wentzel, 2006); (d) perceive themselves as more prosocial (Froming, Nasby, & McManus, 1998); (e) have more positive attitudes toward children in need (Karafantis & Levy, 2004); and (f) exhibit more *relational* prosocial behavior (Froming et al., 1998). Conversely, boys are found to: (a) be more overtly aggressive (Bushman & Baumeister, 1998; David & Kistner, 2000; Thomaes, Bushman, Stegge, & Olthof, 2008), narcissistic and entitled (Campbell, Foster, & Finkel, 2002; Konrath, Bushman, & Campbell, 2006); and (b) exhibit more *rule-oriented* prosocial behavior, rather than the relational prosocial behavior of girls (Froming et al., 1998). While culture may influence the prosocial behaviors that girls and boys learn and internalize, it is also possible that researchers have failed to realize the gender-specific prosocial behavior of boys, emphasizing emotional female-attitudes while overlooking the behavioral, “rule-oriented” (Froming et al., 1998) attitudes that are more common to males.

### **Self-esteem and Prosocial Behavior**

Self-esteem is one form of self-love that has been promoted over the last 30 years in order to enhance prosocial attitudes and behaviors (Campbell & Baumeister, 2004). Self-esteem is here defined by the level of regard a person holds for him or herself; specifically, “high self-esteem refers to a highly favorable global evaluation of the self” whereas, “low self-esteem, by definition, refers to an unfavorable definition of the self” (Baumeister, Campbell, Krueger &



Vohs, 2003, p. 2). Research has indicated many negative effects of low self-esteem, such as depression (Orth, Robins, & Meier, 2009), delinquency (Donnellan, Trzesniewski, Robins, Moffit, & Caspi, 2005), and social aggression (Donnellan, et al., 2005). Research also suggests that individuals with low self-esteem have a perceived “deficiency in [inner] resources” (Baumeister, Wotman, and Stillwell, 1993, p. 390), making them more predisposed to feelings of shame (Leith & Baumeister, 1998) and less able to effectively handle conflict with others, for example by exhibiting greater use of the “silent treatment” as a form of conflict resolution (Sommer, Williams, Ciarocco & Baumeister, 2001).

Compared to the research on low self-esteem, research demonstrates several benefits for the individual with high self-esteem, who is found to be: (a) more assertive; (b) happier (Baumeister, Campbell, Krueger & Vohs, 2003); (c) more expectant of success (Baumeister & Tice, 1985); (d) more able and willing to change, regardless of the expectations of others (Baumeister, 1982); (e) less fearful of social rejection (Baumeister, Dori & Hastings, 1998); (f) more able to handle and recover from social rejection or ostracism situations (Sommer & Baumeister, 2002); and (g) seemingly more mature in resolving conflicts (e.g., by less use of the silent treatment) (Sommer, Williams, Ciarocco & Baumeister, 2001). However, self-esteem does not appear to benefit the individual in other important ways. Despite greater expectations for success (Baumeister & Tice, 1985), individuals with high self-esteem are not necessarily better at performing than those with low self-esteem (Baumeister, Heatherton & Tice, 1993), and may even be more likely to give up after failure (Baumeister & Tice, 1985). In one study, boosting the self-esteem of individuals, while causing them to believe they performed better academically, also led the same individuals to perform objectively worse (Forsyth, Lawrence, Burnette & Baumeister, 2007).

Concerning self-esteem and social relationships, advocates for self-esteem development have found that high self-esteem positively correlates with prosocial attitudes (Karafantis & Levy, 2004) and self-reported altruism (Driver, 1987), indicating that individuals with high self-esteem do appear to value and strive toward prosocial goals. It has been suggested that research involving observation of the prosocial behavior of high self-esteem individuals may provide different findings, however, as it is possible that some individuals with high self-esteem view themselves more favorably or benevolently than they are in reality (Baumeister, Campbell, Krueger & Vohs, 2003). For example, while individuals high in self-esteem claim to have highly positive interpersonal relationships, research does not indicate that individuals with high self-esteem are more popular or better at maintaining relationships (Baumeister et al., 2003). Studies that did not rely on self-report measures found that high self-perception did not correlate with actual increased giving (Stevick & Addleman, 1995) and contrary to correlations between high self-esteem and prosocial attitudes toward those in need (Karafantis & Levy, 2004), children with high self-esteem were not more likely to demonstrate prosocial behavior to benefit these same individuals (Karafantis & Levy, 2004).

Additional research indicates that high self-esteem may increase some negative outcomes in relationships with others. First, it has been suggested that some individuals with high self-esteem may be more likely to assume their own correctness, creating difficulty in seeing past their own beliefs or actions in order to appreciate alternative perspectives of others (Menon et al., 2007). High self-esteem is also not necessarily based in reality (Baumeister, Dale & Sommer, 1998), possibly increasing the individual's propensity to act out in violence when he or she perceives an imagined ego threat from another, commonly referred to as *threatened egotism* (Baumeister, Smart & Boden, 1996). Unrealistic personal biases may also explain the findings

that children or adolescents high in self-esteem were: (a) more likely to rationalize aggressive thoughts and behaviors (Menon et al., 2007); (b) rated by peers to have more overt and relational aggression (David & Kistner, 2000); and (c) more aggressive when they were also high in the self-love of narcissism (Thomaes, Bushman, Stegge, & Olthof, 2008). It is true, however, that research on individuals high in self-esteem includes both those with unrealistically high self-perception and those with a realistic perception of, and acceptance for, the self (Baumeister, Campbell, Krueger & Vohs, 2003) and that such a difference in reality may be responsible for inconsistent findings regarding the benefits or disadvantages of high self-esteem for both the individual and those surrounding him or her. Another form of self-love with more consistent findings regarding social relationships—narcissism—will thus next be discussed.

### **Narcissism and Prosocial Behavior**

Narcissistic Personality Disorder (NPD), as defined in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), is described as “a pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy” (American Psychiatric Association, 1994, p. 301.81). The DSM then proceeds to provide nine different contexts (five or more of which must be satisfied in order to be diagnosed with NPD), some of which include self-importance, entitlement, and arrogance. Within current empirical literature, however, narcissism is referred to not as a personality disorder, but as a general attitude in the population that varies on a continuum (Thomaes, Bushman, Stegge, & Olthof, 2008). Such general attitudes of narcissism are also characterized by high levels of self-absorption, feelings of entitlement and superiority, and frequent interpersonal problems (Ang & Raine, 2008; Carlson & Gjerde, 2009; Campbell & Baumeister, 2004; Thomaes, Stegge, Bushman, Olthof, & Denissen, 2008), although not necessarily to the degree of diagnosis as a

personality disorder. It is this general definition of narcissism that will be used throughout the present paper.

Research indicates that narcissism is positively related with antisocial behavior (Ang & Yusof, 2005; Baumeister, Bushman, & Campbell, 2000; Bushman & Baumeister, 1998; Campbell, Foster, & Finkel, 2002; Exline, Baumeister, Bushman, Campbell & Finkel, 2004; Thomaes, Bushman, Stegge, & Olthof, 2008). Such findings are understandable as the narcissist's desire for status and superiority directly involves the diminished status and superiority of others: "Moving up the social status hierarchy requires succeeding while others fail; that is, inflating the self and devaluing others... doing well is not enough for narcissists; they must do better than others" (Robins, Tracy, & Shaver, 2001, p. 234). In a study on romantic relationships, the self-love of narcissistic adults correlated with game-playing attitudes (*ludus*), physical passion (*eros*), and practicality (*pragma*), but self-esteem did not correlate, and narcissism negatively correlated, with the altruistic love of *agape*—the only selfless love that is more concerned about giving, than receiving (Campbell, Foster, & Finkel, 2002). In addition, narcissism among adults correlated with decreased willingness to forgive (Exline, Baumeister, Bushman, Campbell, & Finkel, 2004)—an antisocial behavior that would inevitably have detrimental effects on marriage or other long-term relationships. Overall, research appears to indicate that self-love, operationalized as either high self-esteem or narcissism, may negatively affect one's resulting prosocial attitudes and behaviors.

### **Similarities and Differences of Self-esteem and Narcissism**

There has been some discussion between scientists who believe high self-esteem and narcissism are two related forms of self-love (Baumeister, Bushman, & Campbell, 2000; Campbell, Bosson, Goheen, Lakey, & Kernis, 2007; Thomaes, Bushman, Stegge, & Olthof,

2008) and those who believe self-esteem is an entirely separate quality (Donnellan, Trzesniewski, Robins, Moffit, & Caspi, 2005), not to be associated with the socially undesirable trait of narcissism. Concerning similarities, both self-esteem and narcissism do appear to involve self-enhancement (Baumeister et al., 2000; Horvath & Morf, 2010)—such feelings of enhancement being successfully achieved for individuals high in self-esteem or narcissism, yet unsuccessfully for individuals low in self-esteem. Research has indicated that while individuals with low self-esteem prefer to excel, they are actually more concerned with avoiding failure than with achieving success (Baumeister & Tice, 1985) and similarly, with avoiding rejection than with promoting the self socially (Horvath & Morf, 2010). Thus, the fear of rejection or inadequacy more often drives individuals with low self-esteem rather than the pursuit to esteem the self. However, it can be argued that the high concerns with failure and rejection often correlated with low self-esteem can still be construed as *self-focus*—a focus on the self, albeit a negative one, and a trait low self-esteem individuals appear to have in common with those high in narcissism.

Research has found one important distinction between the self-loves of self-esteem and narcissism regarding *agentic* (e.g., personal intelligence or social status) and *communal* (e.g., care and empathy toward others) domains (Konrath, Bushman, & Campbell, 2006). Individuals high in self-esteem have both high agentic and high communal self-views (Campbell, Bosson, Goheen, Lakey, & Kernis, 2007). In contrast, individuals high in narcissism have high agentic views, but neutral self-views regarding attitudes of care or altruism toward others as indicated by lower scores on communal measures (Campbell et al., 2007). It is possibly due to the correlation between high self-esteem and high self-views in both agentic *and* communal domains that the corresponding research on prosocial behavior is somewhat inconsistent. In other words, prosocial

behavior of individuals high in self-esteem will seemingly depend on the extent of their communal attitudes. Similarly, we are better able to understand the problematic relationships of narcissists through realizing their substantially low communal attitudes, such as their low values for interdependence (Le, 2005). One study indicated that the agentic focus of narcissism also increased self-centered motivations for intimacy as the purpose of intimacy was perceived to enhance physical pleasure rather than to strengthen emotional closeness with a partner (Foster, Shrira & Campbell, 2006). As a lack of communal attitudes appears to have the most severe interpersonal consequences, the self-love of narcissism will be subsequently emphasized.

### **Research on the Development of Narcissism**

It is important to consider the underlying causes of narcissism along with intervention methods to support a child's ability to act prosocially throughout life (Thomaes, Bushman, Orobio De Castro, & Stegge, 2009). However, the discussion of narcissism among children is somewhat controversial as young children are still lacking cognitive perspective-taking skills. For example, Piaget argued that children are egocentric and unable to reflect on the alternative perspectives of others until around the age of seven (Mitchell, 2003; Siegal, 2003; Ratner, 1991)<sup>1</sup>. According to Selman's stages of perspective-taking, children around the age of four begin to develop the understanding that others may have different perspectives, but again, it is typically not until children reach the age of seven that they begin to contemplate these different perspectives (Berk, 2002). Young children often have unrealistically high self-perceptions as well until they begin to compare themselves with others in the same age group during the elementary years (Berk, 2002; Thomaes et al., 2009). Additionally, it is believed that children do not begin to develop a holistic and realistic sense of self-esteem until the age of six, also

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<sup>1</sup> It is important to clarify that a child's cognitive perspective-taking abilities as discussed by Piaget are not the same as a child's feelings or concerns for others, which are likely to develop at much earlier ages.

influenced by a child's increasing interaction with peers (Berk, 2002). All of this suggests that teachers and parents do not need to be concerned about children having unrealistically high self-perceptions or self-focus when they are young as such attitudes are a normal part of development. Still, as conveyed by Erik Erikson, it is the parent's duty to help children outgrow unrealistic self-perceptions and self-absorption that, if continued, will be a detriment to their successful development in society (Capps, 2008).

It is also important to note that even such "normative development" as experienced by children in Western societies may not be universally normative. According to Vygotsky, a child's self-perception and perception of others is also greatly shaped by his or her sociocultural and sociohistorical environment (Ratner, 1991). Contrary to Piaget's theory that children are self-aware and egocentric *before* becoming socially aware (Ratner, 1991), Vygotskians contend that self-awareness develops *after* children have already developed awareness of others: "On the most elementary level, the self is a social product which cannot precede awareness of social relations" (Ratner, 1991, p.125). Because we are intrinsically social creatures, socioculturalism indicates that egocentrism may not exist for seven years due to limited cognitive abilities, but rather is encouraged by contextual influences. Ratner writes, "When youngsters disregard other people's desires and insist on their own point of view, this is not a natural, immutable *inability* to consider and communicate with others; it is a socially fostered, changeable attitude—whose learning by children is proof positive that they do understand others" (Ratner, 1991, p. 126). Thus, perhaps the reason children in Western nations are typically found to be egocentric until the age of seven is because it is socially acceptable to act egocentrically before that age; in other words, children may not consider the viewpoint of others until the age of seven, because they are

not encouraged to do so earlier. If this is the case, then—should social expectations change—egocentrism might dissolve even by the end of infancy (Ratner, 1991).

Discussion on the perpetuation of egocentrism by cultural attitudes suggests that attitudes of narcissism will also be significantly influenced by what is considered socially appropriate in the particular culture. Research supports the idea that culture plays a role in the development of narcissism, evidenced by especially high levels of narcissism among adolescent and young adult populations, certain ethnic cultures (e.g., African American and Hispanic populations in the United States), and individualistic world regions (e.g., United States, Canada, and Western Europe) (Foster, Campbell, & Twenge, 2003). A comparison of narcissism in children ages 10 to 14 from the United States and children ages 8 to 13 from the Netherlands also found significantly higher levels of narcissism in American children than in Dutch children (Thomaes, Stegge, Bushman, Olthof & Denissen, 2008). Higher levels of narcissism in individualized societies may explain findings that the prosocial behavior of young adults in Western countries is increasingly motivated by *reflexive* forms rather than *collective* forms (Rehberg, 2005)—in other words, young adults are increasingly motivated to volunteer by their own self-interest for new experiences, to further oneself professionally, or to increase personal skills and relationships, rather than to simply benefit those in need (Rehberg, 2005).

It is important to consider the initial manifestation of narcissism in children. A 20-year longitudinal study was published in 2009, suggesting that personality attributes of narcissism begin to be evidenced in preschool children (Carlson & Gjerde, 2009). Narcissism was found to increase the most substantially between the ages of 14 and 18, but preschool children who exhibited lack of self-control, high levels of activity, a desire to be the center of attention, and dramatic or “histrionic” tendencies were more likely to have high levels of narcissism at ages 14,



18, and 23. Furthermore, narcissistic attitudes have been found to correlate with conduct problems and aggression in children as young as 10 (Ang & Yusof, 2005), 9 (Barry, Frick, & Killian, 2003; Barry, Thompson, Barry, Lochman, Adler, & Hill, 2007), and even 7 (Ha, Peterson, & Sharp, 2008). Based on this and other existing research, the current consensus is that narcissism is “manifest and measurable beginning at age eight” and self-report measures on narcissism may be reliable at that time (Thomaes, Bushman, Orobio De Castro, & Stegge, 2009, p. 1236).

What direct influences in a child’s life may develop narcissism and subsequently increase interpersonal problems later in life? Little research has investigated the long-term effects of parenting methods, teaching practices, and programs that are premised on boosting self-esteem in children (Trzesniewski, Donnellan, & Robins, 2008), but it is important to acknowledge that such attempts may unintentionally increase narcissistic tendencies, thus decreasing a child’s prosocial attitudes and behaviors (Baumeister, 2005; Twenge, 2006; Twenge, Konrath, Foster, Campbell, Bushman, 2008). There are also two main areas of theory regarding the parent’s influence in developing narcissism, both involving problematic parenting, but in opposite extremes. The first suggests that high praise or pampering of children causes them to become increasingly self-absorbed and ultimately narcissistic (Thomaes, Bushman, Orobio De Castro, & Stegge, 2009; Twenge, 2006). This theory includes permissive parenting styles of high warmth, but low control or discipline (Radziszewska et al., 1996). In contrast, the second theory originates from psychodynamic thinkers and suggests that narcissism develops from either parental neglect, or cold and harsh parenting (Thomaes, Bushman, Orobio De Castro, & Stegge, 2009; Twenge & Campbell, 2009). Authoritarian or autocratic parenting styles of high control or discipline and little warmth (Radziszewska, Richardson, Dent, & Flay, 1996) are included within

the harsh parenting group. These theories are seemingly conflicting until one realizes that the first suggests an *over-emphasis* on the child's *self* while the second suggests an *under-emphasis* on the child's connections and relationships with *others*. Thus, it appears that the best environment for preventing narcissism development and supporting prosocial tendencies is one that supports a child's strong, communal relationships without overemphasizing the individual child.

### **Significance of the Present Study**

In light of the reviewed theory and research, it is important to consider strategies for decreasing narcissism while increasing prosocial attitudes and behaviors among our society's children and youth. While an abundance of research has investigated the social consequences related to narcissism (Ang & Yusof, 2005; Baumeister, Bushman, & Campbell, 2000; Bushman & Baumeister, 1998; Campbell, Foster, & Finkel, 2002; Exline, Baumeister, Bushman, Campbell & Finkel, 2004; Thomaes, Bushman, Stegge, & Olthof, 2008), much less research has been devoted to intervention methods for reducing this negative disposition, especially in children while they are still young. In their article, "What makes narcissists bloom?", Thomaes, Bushman, De Castro, and Stegge (2009) suggest that as limited research has been done on the development and initial manifestation of narcissism in children, it is still difficult to consider appropriate ages and methods of intervention. Important research questions still to be addressed include: (a) what are the earliest signs or symptoms of narcissism and when can they be detected?; (b) what social groups may be most at risk for developing narcissism?; and finally (c) what are effective strategies of intervention? The present study is intended to address this third question, increasing our understanding of methods that will reduce narcissistic attitudes and associated antisocial tendencies in children.

A review of the literature suggests that both low self-love (Donnellan, Trzesniewski, Robins, Moffit, & Caspi, 2005) and high self-love (Menon et al., 2007; Thomaes, Bushman, Stegge, & Olthof, 2008) may negatively influence a child's prosocial behavior—potentially because both low and high self-love entail a focus on self over consideration for others. Thus, it seems that social scientists may need to consider altogether alternative concepts from promoting self-esteem in children and adolescents for the purpose of supporting prosocial development. As overemphasizing the “self” through self-esteem boosting may unintentionally increase narcissism (Thomaes et al., 2008) and therefore increase antisocial behavior (Ang & Yusof, 2005; Barry, Frick, & Killian, 2003; Barry, Thompson, Barry, Lochman, Adler, & Hill, 2007; Ha, Peterson, & Sharp, 2008), this study will instead consider the influence of focusing on *others* along with the effect that the child's behavior has on others.

Research supports the idea that transitioning one's focus away from the self and toward others enhances the wellbeing of the individual. For example, community volunteerism has been found to increase happiness and reduce depression (Thoits & Hewitt, 2001). Erikson would likely explain this by suggesting that society's emphasis on the individual ego (i.e., self) yields self-absorption (i.e., narcissism) or depression, and that social and emotional peace are only achieved when we are contributing toward others (i.e., generativity). Frankl's theory additionally suggests that attitudes of narcissism increase in the “existential vacuum” of society—that individuals lacking purpose and meaning are inclined to turn increasingly inward in order to find contentment. Similarly, this existential void is believed to cause depression or other forms of mental illness (Blair, 2004). Based on these ideas, clinical work utilizing Frankl's logotherapy has treated depression by encouraging patients to find meaning and purpose in their particular situation, thus transitioning attention away from their self and their own problems. Clinicians

have found that “as a result, problems are removed from the perceptual spotlight of the individual and often lessen or even disappear” (Blair, 2004, p. 335).

Similar to findings in clinical research, programs that encourage children to focus on others may prove to increase prosocial behavior and reduce narcissism. Research suggests that the ways children perceive and feel toward others greatly influences their behavior toward them (Karafantis & Levy, 2004; Malti, Gummerum, Keller, & Buchmann, 2009; Bryant, 1982). For example, a child who perceives that the situations or traits of others have potential to change or improve is more likely to (a) maintain positive views toward those in need, (b) volunteer time and service to directly support those in need, (c) enjoy volunteering to support those in need, and (d) recommend such volunteering to peers (Karafantis & Levy, 2004). In addition, a child’s ability to empathize toward others is likely to influence his or her prosocial tendencies (Malti, Gummerum, Keller, & Buchmann, 2009). Empathy involves first perceiving the situations of others followed by an emotional response and has been found to promote a child’s moral motivation and resulting prosocial behavior (Malti et al., 2009). As self-reported empathy increased among first and fourth grade boys, teacher ratings also showed a corresponding decrease in aggression (Bryant, 1982). Thus, understanding that the situation or traits of others may improve and possessing the ability to feel compassion toward others through empathy will likely influence a child’s engagement in prosocial behavior.

Increasing a child’s communal, rather than agentic, attitudes may additionally confront narcissistic tendencies in children. As previously stated, narcissistic individuals have high agentic self-views (perceiving themselves as skilled or desirable), but low communal views (perceiving themselves as unable or not wanting to help and care for others) (Campbell, Bosson, Goheen, Lakey, & Kernis, 2007). It is likely that the lack of these communal views along with

disproportionately high agentic views may produce increased antisocial attitudes and behaviors among narcissists (Konrath, Bushman & Campbell, 2006). One research team attempted to increase communal self-views of narcissistic adults by creating a perceived connection between the narcissist and another individual who was perceived as a threat (Konrath et al., 2006). They theorized that such a connection would reduce aggressive behavior from the narcissist toward the other individual and, indeed, results found support for the idea that “a lack of connection with other individuals is a key contributor to narcissistic aggression” (Konrath et al., 2006, p. 1000). Thus, similar to the study with adults, interventions for children that strengthen a child’s relationships and connections with other individuals may reduce antisocial behavior while supporting prosocial developments.

One opportunity to teach children communal attitudes involves the direct teaching of selfless prosocial behavior through manners lessons. Manners are here defined not as the rules of etiquette, but rather “an attitude from the heart that is self-giving, not self-serving” (Rigby, 1999, p. 16)—a seemingly direct confrontation to the self-beneficial attitudes of narcissism. Research suggests that as self-centered views have increased over the last 30 years (Twenge, Konrath, Foster, Campbell & Bushman, 2008), manners and courtesy have also declined (Twenge, 2006). Author of *Generation Me*, Jean Twenge has conducted years of research on generational trends, self-perception and antisocial behavior. Twenge asserts that teaching kids to “be themselves” and not to worry about the desires or opinions of others has led to a decrease in following social expectations through mannerly actions (2006). Providing additional insight in her book *Raising Respectful Children in a Disrespectful World*, Jill Rigby (2006) maintains that manners and courtesy have declined since the self-esteem movement, because such behaviors are premised on respect for others over personal desires. Thus, the purpose of manners lessons is to teach children

the prosocial expectations that society has for them, reinforcing the idea that they are part of a larger community and that demonstrating respect toward others within that community ultimately provides a sense of meaning or significance.

While many in the general public comment on today's lack of manners, social scientists have not yet investigated the positive behavioral outcomes of directly teaching this form of "others-mindedness" to children. Research has, however, demonstrated that classroom social skills programs may increase prosocial behavior among children as young as preschool (Blank, Fogarty, Wierzba, & Yore, 2000) and that teachers can be influential in the social skills development of students (Berry & O'Connor, 2009). As manners provide opportunities for children to demonstrate respect and care for others through courteous behaviors, face validity suggests that they may improve a child's communal attitudes as evidenced by a decrease in narcissism and an increase in prosocial behavior. The Manners of the Heart® elementary school curriculum—a character education program—will be utilized for the purpose of this study and will be subsequently discussed in light of the existing research on character education.

### **Description of Character Education**

Character education is often considered to be the synonym of moral education or values education and has been defined as "the deliberate effort to teach virtue" (Lickona, 1997, p. 65). While character education has existed in some form since the beginning of public schooling in the United States (Howard, Berkowitz, & Schaeffer, 2004), character education programs gained popularity in the 1980's (Leming, 2000). In recent years, however, character education has been criticized for lack of effectiveness (Was, Woltz, & Drew, 2006). In a report released in 2007, the United States Department of Education found that only 7 of 93 studies on 41 character education programs actually met reliable standards of effectiveness (U.S. Department of Education). In

addition, even for the programs that do claim to be based in research, literature from peer-reviewed journals on character education goals and evaluations of effectiveness are still lacking (Was et al., 2006). One possible explanation for the lack of effectiveness of many character education programs involves the building of self-esteem, which is considered to be an objective of many character education (e.g., “Building Esteem in Students Today”; “Too Good for Drugs”; “FRIENDS for Life”; and “Too Good for Violence”) (Liddle & Macmillan, 2010; Twenge, 2006; Was, Woltz, & Drew, 2006) and community (Baumeister, 2005) programs for children.<sup>2</sup> However, as the previous literature has suggested, attempting to boost the self-esteem of children may not actually support their prosocial development, but may potentially increase narcissistic and antisocial tendencies (Baumeister, Campbell, Krueger, Vohs, 2003).

In light of the discussion on communal attitudes, it is important for character education programs to focus not only on individual morality, but on collective action and interpersonal relationships. Responding to the character education legislation that was recently passed in North Carolina, Aaron Cooley writes, “Just getting everyone to think that they have the traits of good character does not make them act in accordance with their claimed knowledge” (2008, p. 198). In other words, children need to be taught how to apply character traits in their external behavior. Thomas Lickona (1997), renowned expert on character education, maintains that character education should provide opportunities for children to work with other students through cooperative learning as such learning supports the development of social skills and prosocial attitudes. Thus, in order to improve social behavior in the school community, character education programs must provide opportunities for children to practice working with others, rather than simply improving the individual child’s attitudes of character or morality.

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<sup>2</sup> Future research is still needed to investigate the prevalence of self-esteem boosting in character education through a review of existing programs.

There are several different approaches to character education in today's schools. In the traditional approach, character education is an inherent part of the academic curriculum, teaching children right and wrong ways of thinking and behaving (Was, Woltz, & Drew, 2006). Conversely, the relativist approach is more concerned with teaching children how to critically evaluate moral action when right and wrong responses are somewhat unclear (Was et al., 2006). Many character education programs intend to increase moral attitudes and behaviors of students through emphasizing and describing individual character traits (Leming, 2000), an approach that is popular within the relativist perspective of character education (Was et al., 2006). Character education programs can also be curricular or instructional and formal or informal (Was, Woltz & Drew, 2006). Curricular programs teach prosocial attitudes and behaviors through individual lessons, whereas instructional approaches implicitly teach prosocial attitudes and behaviors through modeling of the teacher (Was et al., 2006). Similarly, formal programs directly teach character education while informal education uses natural opportunities that arise in the environment to teach character (Was et al., 2006). Character education programs thus vary greatly in their particular approach to teaching prosocial attitudes and behaviors.

### **Description of the Manners of the Heart® Program**

The Manners of the Heart® elementary school curriculum is a character education program that uses manners to reinforce prosocial attitudes and behaviors. Manners of the Heart® uses a traditional approach to character education, teaching children prosocial attitudes through courteous behaviors. However, the program does not simply teach children etiquette, but rather encourages children to think about the effect that disrespectful behavior has on others and to value prosocial attitudes and behaviors for that reason. The Manners of the Heart® program is



considered to be a formal, curricular approach to character education, directly teaching prosocial attitudes and behaviors through individual manners lessons.<sup>3</sup>

While Manners of the Heart® does utilize a curricular approach, lessons do not emphasize one particular character trait or internal attitude at a time as do some programs (Leming, 2000), but rather emphasize the *external behavior* before discussing the *internal attribute* that is being demonstrated. For example, children are taught to walk their guest to the door (external behavior) before it is explained that such behavior demonstrates kindness and respect (internal attributes) toward their guest, helping their guest to feel more comfortable when leaving their home. This method of instruction is supported by Vygotsky's theory on sociocultural development, which claims that interpersonal mechanisms must be activated before influencing intrapersonal mechanisms (Vygotsky, 1978)—in other words, children must first learn social meaning for their behavior and must experience such behavior in their social relationships, before they will internalize the importance of that behavior for future use. Additionally, rather than seeking to boost the self-esteem of children, Manners of the Heart® teaches children to value others and to demonstrate respect and care for them through common courtesy. Self-esteem programs typically teach children to love and respect *themselves*, for example by having them draw a picture about their own special or unique qualities; conversely, Manners of the Heart® emphasizes love and respect for *others*, for example by having children draw a picture that can be given away to an elderly neighbor.

The Manners of the Heart® curriculum applies additional research findings and theory for the purpose of strengthening prosocial development in children. First, the program uses inductive teaching strategies to help children internalize the meaning of courteous behavior.

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<sup>3</sup> The Manners of the Heart® organization additionally offers training for teachers and parents to support the prosocial development of children through informal opportunities in the natural home or classroom environment.

Rather than punishing inappropriate behavior, inductive discipline techniques provide children with an alternative behavior and help them to consider the effect that their behavior has on others (Kerr, Lopez, Olson & Sameroff, 2004). This is a central teaching strategy in the Manners of the Heart® curriculum as children are taught a new courtesy or mannerly skill through each lesson that is meant to replace other disrespectful behaviors. Second, Thomas Lickona (1997), prior-mentioned character education specialist, asserts that children will be more likely to internalize good character if they learn to follow rules in the classroom simply because it is right to follow the rules—in other words, kids should not learn to follow the rules in order to receive an external reward. Supporting this idea, research suggests that publicly recognizing the prosocial behavior of a child may encourage egoistic motivations for other students to behave prosocially in order to receive external praise, rather than encouraging altruistic motivations to behave prosocially in order to help someone in need or to simply do the right thing (Simpson & Willer, 2008). Instead, after each lesson, Manners of the Heart® instructs teachers to privately reward prosocial behavior of students by discussing the behavior with the child one-on-one.

One final application of character education theory involves the explanation of manners. Thornberg (2008) suggests that children will be more likely to accept and abide by manners or etiquette if the purpose is explained to them—in other words, children need to be reminded that manners are an opportunity to demonstrate love toward others. Underlying each lesson, Manners of the Heart® explains the importance of each new courtesy that is being taught, using the methods of induction (e.g., how would you feel if you were left out of playing with your friends?) and direct instruction (e.g., taking your shoes off when muddy is respectful for your mother who takes time to clean the floors).

## **Summary of Literature Review**

Theory and research suggest that self-love may adversely affect an individual's behavior toward others (Barry, Frick, & Killian, 2003; Barry, Thompson, Barry, Lochman, Adler, & Hill, 2007; Ha, Peterson, & Sharp, 2008). Rather than increasing prosocial attitudes and behaviors, high self-esteem (Menon et al., 2007; Thomaes, Bushman, Stegge, & Olthof, 2008) and narcissism (Ang & Yusof, 2005; Bushman & Baumeister, 1998; Thomaes et al., 2008) have been found to support antisocial tendencies. As narcissism is believed to be manifest in children as young as eight (Thomaes, Bushman, Orobio De Castro, & Stegge, 2009), it is important to consider intervention opportunities that will confront this antisocial attitude. Research demonstrates that increasing the communal attitudes of narcissistic adults reduced their antisocial behaviors (Konrath, Bushman, & Campbell, 2006). Similarly, based on the existing theory and research, teaching children selfless, prosocial behavior through manners instruction may influence their attitudes of narcissism and empathy in addition to antisocial and prosocial behaviors.

## CHAPTER 3

### METHOD

Research on the behavioral consequences of narcissism in children is still relatively new (Thomaes, Stegge, Bushman, Olthof & Denissen, 2008). As there is limited information regarding the best stage(s) of development to intervene in narcissistic attitudes (Thomaes, Bushman, Orobio De Castro, & Stegge, 2009), this study will provide insight regarding the influence of intervention for second and third grade students—children at or around the seemingly critical age of eight (Thomaes et al., 2009). Specifically, this study will investigate the influence of prosocial instruction that is premised on teaching manners to determine its effect on the following child attitudes and behaviors: (1) narcissism; (2) conduct problems and peer problems; (3) empathy; and (4) prosocial behavior.<sup>4</sup> In the present study, manners are defined as “an attitude from the heart that is self-giving, not self-serving” (Rigby, 1999, p. 16), thus the teaching of manners will be described as the teaching of selfless prosocial behavior.

#### **Predicted Findings**

It is expected that teaching children manners (i.e., self-giving behavior) will support a child’s relationships with *others* while also deemphasizing a focus on the *self* and thus will influence a child’s prosocial and antisocial attitudes and behaviors. The teaching of manners is hypothesized to produce the following results: (a) decrease narcissism scores; (b) decrease teacher-reported conduct problems and peer problems; (c) increase self-reported feelings of empathy toward others; and (d) increase teacher-reported prosocial behavior.

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<sup>4</sup> This study was conducted as Phase 1 of a two-phase implementation strategy by the Manners of the Heart® nonprofit organization.

## **Consent Process**

Parents or guardians received a letter of invitation to participate in addition to a parental permission form (see Appendices A and B). Parents were encouraged to contact the investigator with any questions prior to signing the form. The investigator then met with children and teachers from each second and third grade classroom in order to explain the purpose of the study and to request their informed consent. Children and teachers were given the opportunity to ask questions before signing their consent forms (Appendices C and D).

Participants were assigned to identification numbers in order to protect the identity of each child. All measures included the corresponding child's identification number in the top right corner. Children were additionally instructed not to write their name on the measures. Thus, the identification number of each participant was known only to the investigator. Parents of participants were informed that while results of the study may be published, no names or identifying information would be included for publication.

## **Participant Characteristics**

Four hundred and thirty-five second and third grade children from 21 classrooms and 3 public elementary schools in a southern state were invited to participate in the study. Of those invited, pre-test data was collected from 318 participants who submitted their signed consent forms. There was an attrition of 46 subjects before post-testing and 10 had excessive missing data, preventing their inclusion in the final total. Additionally, three classrooms ( $n=33$ ) were not included in the final analysis due to delays in receiving post-testing material. The final sample thus included 229 children from 18 classrooms. Teachers received compensation of \$7.00 per child to complete pre and post-test questionnaires on the student's external behavior. Parents or

guardians of child participants were also entered into a drawing to receive one \$200 Wal-Mart gift certificate at the end of the school year.

### **Schools and Classrooms**

On average, 91% of students from the three schools were eligible for free or reduced lunch at the time of the study (Local School Directory, 2011). All three of the schools had a daily recess time ranging from 15-35 minutes, providing students with the informal opportunity to interact with classmates and practice prosocial skills learned from the intervention. Of the 18 teachers who participated, 3 were male, 15 were female; 10 had been teaching for over 5 years, and the average number of years teaching was 10.75. The average number of years each teacher had taught his or her current grade-level was 3.89. Half of the teachers ( $n=9$ ) were between the ages of 31-50, 7 were 30 or younger, and 2 were over 51. Four teachers had received their Master's degree in addition to a Bachelor degree. Teacher ethnicity was approximately 61% Caucasian ( $n=11$ ), 22% African American ( $n=4$ ), and 17% Asian ( $n=3$ ).

### **Students**

Of the 229 participants, 129 were female, 94 were male, and due to missing data the gender was unknown for 6. At the start of the study, participants ranged in age from 6 to 10 years ( $M=8.19$  years). Thirty-eight percent of participants were age 6 ( $n=4$ ) or 7 ( $n=83$ ) at the start of the study, although the majority of participants (62%) were between the ages of 8-10. Sixty-nine percent of the children were African American ( $n=159$ ), 15.7% were Hispanic ( $n=36$ ), 9.2% were Asian ( $n=21$ ), 2.2% were Caucasian ( $n=5$ ), 1.3% had mixed ethnicity ( $n=3$ ), 1 student was identified as Middle Eastern, and missing data left ethnicity unknown for 1.7% ( $n=4$ ). For a majority of participants, English was the primary language spoken in the home (71.6%); Spanish was the primary language for 11.4%, and an Asian dialect was the primary language for 5.7%.

Over 50% ( $n= 117$ ) of the child participants were being raised in a home with a total annual income of less than \$20,000; only 15% ( $n= 34$ ) were being raised in homes with a total annual income of \$40,000 or more.

## **Design**

The present study utilized a quasi-experimental design, randomly assigning intact classrooms to the conditions, rather than individual subjects. Each second and third grade classroom from each school was randomly assigned to serve in a treatment or control group by drawing names out of a hat. Of the 18 classrooms, 7 second and third grade classrooms were assigned to the intervention group to receive lessons from the Manners of the Heart® elementary school curriculum for 10 weeks ( $n= 96$ ). To minimize the influence of extraneous variables, one Manners of the Heart® certified instructor was assigned to each classroom to teach curriculum lessons in place of the classroom teacher. Each certified instructor attended two, one-hour trainings with Manners of the Heart® staff—the first, to gain a comprehensive understanding of the mission and purpose of the Manners of the Heart® organization and curriculum, and the second, to thoroughly discuss the delivery of curriculum lessons.

As the amount of time a guest (i.e., Manners of the Heart® instructor) spends in the classroom may influence child behavior apart from the content of the instruction, this study included two additional conditions that provided a comparison for treatment group participants. Instructors read weekly stories during the same 10 weeks of Manners of the Heart® lessons to a total of 4 classrooms ( $n= 48$ ), comprising the reading group. Classroom readings were unrelated to content from the intervention, but required the same amount of classroom time as the Manners of the Heart® lessons. The final seven classrooms ( $n= 85$ ) served as the control group and received no additional instruction. Teachers from all classrooms were informed that they would

be compensated for their participation in a research study, which would require 20-minutes of their classroom time for 10 weeks, but were not provided with information pertaining to the variables of interest or the expected hypotheses (the letter that was distributed to teachers can be found in Appendix E). Several teachers did not remain in the classroom during lessons due to scheduling conflicts; however, a majority of teachers did choose to remain in the classroom during the time of the lesson. In order to control for contagion, teachers were instructed not to share information they learned through the study with other teachers in the school.

### **Intervention**

The definition of manners instruction for this study (manners are taught “not as a set of rules, but as an attitude from the heart that is self-giving, not self-serving”) (Rigby, 1999, p. 16) originates from the Manners of the Heart® curriculum for elementary students. This curriculum includes 34 developmentally-appropriate lessons for children, divided into the categories of: (a) Attitudes of the HEART (e.g., *Helping Others*, *Excusing Others*, *Appreciating Others*, *Right Attitudes*, and *The Happle Tree*); (b) Everyday Courtesies (e.g., *Being a Host*, *Being a Guest*, *Becoming Ladies and Gentlemen*, and *Public Courtesies*); (c) Communication Skills (e.g., *Greetings and Introductions*, *Engaging in Conversations*, *Nonverbal and Verbal Skills*, *Telephone Etiquette*, and *Written Communication*); (d) Living in Community (e.g., *Respecting Adults*, *Respecting the Team*, *Respecting Differences*, *Respecting Others Rights*, *Respecting Others Privacy*, *Respecting Others Property*, *Respecting the Community*, *Respecting the Country*, and *Respecting the Environment*); and (e) Table Manners (e.g., *The Family Meal*; *Setting the Table*; *Getting Ready for the Meal*; *Courteous Behavior at the Table*; *Using Utensils*; *Passing the Plate*; *Bread, Buns, and Rolls*; *Eating Difficult Foods*; *At the End of the Meal*; and *Eating Out*).



Lessons were written in 2010 by a committee of educators and Manners of the Heart® staff. Before initiating the writing of lessons, Manners of the Heart® staff worked with an early childhood curriculum specialist to design the lesson outline and objectives based on developmentally-appropriate practice. Lessons were written with public school classrooms in mind, but were also intended for use in private school environments. The new curriculum lessons were based on the original Manners of the Heart® curriculum for elementary students, which has been used in over 800 schools across the United States since 2001. Each lesson includes one primary, 20-minute teaching plan, which utilizes a variety of teaching tools or activities, such as discussion questions, games, crafts, role-play activities, stories, or worksheets. In order to maintain developmental appropriateness of grade-level lessons for kindergarten through third grade, the lower grades involve greater use of puppets and stories while the older grades primarily involve worksheets, crafts, or games. Each lesson additionally includes a letter for parents and four follow-up activities for the remainder of the week. While the follow-up activities and parent letters are likely valuable resources for reinforcement in both the classroom and at home, these additions were not included in the present study.

Curriculum lessons were written to reinforce the Golden Rule (e.g., “treat others the way you want to be treated”) and to ultimately teach children manners as an opportunity to demonstrate prosocial respect and care for others. Lessons utilize inductive teaching strategies (Kerr, Lopez, Olson, & Sameroff, 2004) through asking children to reflect on the ways they would like to be treated by others and then explaining that they should demonstrate these same behaviors toward others. Each lesson teaches one or more prosocial behaviors (e.g., standing up for someone in need; forgiving the fault of another; respecting adults by saying “sir” or “ma’am”) that are intended to indirectly reinforce development of the underlying character

attribute (e.g., kindness and empathy; patience and humility; honor and obedience). In this way, structure of the Manners of the Heart® curriculum is consistent with Vygotsky's theory that learning must occur on the interpersonal plane, such as through prosocial interactions with others, before it will be internalized on the intrapersonal plane (Vygotsky, 1978). Only after learning has been internalized through social interaction might it lead to a change in relevant attitudes or beliefs.

Due to time constraints and limited funding, only 10 primary lessons were included in this project. Each primary lesson was no longer than 20 minutes in length and a different lesson was taught each week for 10 weeks. As the allotted treatment time has been 10 weeks or less for the evaluation of several other character or prosocial education programs (e.g., Hanley, Heal, Tiger, & Ingvarsson, 2007; Liddle & Macmillan, 2010), it was anticipated that 10 weeks of lessons would be enough to produce a change in child attitudes or behaviors. For the purpose of this project, Manners of the Heart® staff selected 10 out of the 34 available lessons based on two criteria: (a) the lesson's particular emphasis on selfless prosocial attitudes or behaviors; and (b) the lesson's contribution toward a well-rounded prosocial education for each child, each lesson involving the development of different behaviors and character attributes. Due to a lessened emphasis on selfless prosocial attitudes in the communication and table manners lessons, individual lessons from these categories were excluded from the study. The final 10 lessons selected for the study were: (1) *Helping Others*; (2) *Excusing Others and Excusing Me*; (3) *Respecting Adults*; (4) *Respecting the Team*; (5) *Respecting Differences*; (6) *Respecting the Rights of Others*; (7) *Respecting the Privacy of Others*; (8) *Becoming Ladies and Gentlemen*; (9) *Public Courtesies*; and (10) *Appreciating Others*. For a detailed description of the titles,

character attributes, and breakdown in activities for these 10 selected lessons in each grade, please see Appendix F.

## **Measures**

Teachers reported on the behavior of students and students completed self-report scales on narcissism and empathy. Parents completed a household demographic questionnaire. Similarly, after the conclusion of the study, teachers completed a questionnaire related to their professional and demographic background. Measures on student attitudes and behaviors were completed by students and teachers from all treatment conditions within 1-3 school days before the beginning of intervention or readings and within 1-5 school days after the intervention or readings had been provided for 10 weeks.

### **Household Demographics**

Parents completed a 13 item questionnaire on various demographics of their household (e.g., ethnicity, language spoken, income, etc.) (see Appendix G). The purpose of this questionnaire was to provide the investigator with background information regarding the children and families who participated in this study and to determine whether the random assignment of classrooms worked in creating comparable treatment conditions.

### **Teacher Demographics**

At the conclusion of the study, teachers were asked to complete a brief questionnaire related to their professional and demographic background. To refer to this questionnaire, see Appendix H.

### **Child Attitudes of Narcissism**

Children from all classrooms completed the 10-item Childhood Narcissism Scale (CNS) (Appendix I), within one week before program implementation and within week after. As the

CNS is still relatively new, use of the Childhood Narcissism Scale has not yet been investigated with children younger than eight. Using self-reports of children ages eight and older, the test has been found to have high internal consistency (mean Cronbach  $\alpha$ : .76) and test-retest reliability (mean Cronbach  $\alpha$ : .85 at Time 1 & .87 at Time 2) (Thomaes, Stegge, Bushman, Olthof & Denissen, 2008). English cross-validation of the scale is additionally found to be normally distributed and to have internal consistency (Cronbach  $\alpha$ : .76) (Thomaes et al., 2008). Rather than assessing a Narcissistic Personality Disorder, the CNS assesses general levels of self-absorption and attitudes of superiority among children for research, and not for clinical, purposes.

Each of the ten questions on the Childhood Narcissism Scale includes four potential responses, ranging in a score from 0 to 3: (0) not true at all; (1) not really true; (2) kind of true; and (3) always true. The answers for three questions on the CNS (numbers 7, 8 and 10) were removed prior to statistical analysis due to the particular wording of the questions, which was believed to conflict with the intention of the present study.<sup>5</sup> A total of seven questions thus remained for analysis. Total scores from these seven items could range from a low of 0 to a high of 21. For the purpose of the present study, a total score between 0-6 was categorized as low narcissism, a score between 7-14 was categorized as average or medium narcissism, and a score between 15-21 was categorized as high narcissism. It was hypothesized that narcissism scores, as demonstrated by the CNS, would decrease after 10 weeks of manners lessons.

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<sup>5</sup> The three statements were: (a) I am a very special person; (b) I am a great example for other kids to follow; and (c) I like to think about how incredibly nice I am. While the particular emphasis on “I” is the intention for these questions in the CNS, it was a concern that the present child participants may have mistakenly placed emphasis on the words “special”, “example”, and “nice”, which might be considered prosocial responses rather than self-absorbed or narcissistic responses. In other words, these statements were removed, because children from any intervention group may *want* to appear as special, a good example, or nice and therefore answer according to this desire and generate a higher narcissism score than warranted.

### **Child Attitudes of Empathy**

Children from all classrooms completed Bryant's Index of Empathy for Children and Adolescents (Appendix J), a 22-item scale on empathy, first at the beginning of the year and again after the intervention. Cronbach's alpha demonstrates internal consistency for first-grade ( $\alpha = .54$ ) and fourth grade ( $\alpha = .68$ ) self-report tests (Bryant, 1982). Test-retest reliability was also found to be good at  $r(53) = .74$  for first grade self-reports, and  $r(108) = .81$  for fourth grade self-reports (Bryant, 1982). Although Bryant's original scale included 22 questions, one question was not included by mistake, leaving a total of 21 questions to generate a total empathy score out of 21. It was hypothesized that intervention would increase children's empathy scores, demonstrating an increased awareness of the feelings and situations of others.

### **Child External Behavior**

Teachers from both treatment and control groups completed the 25-item teacher-report version of the Strengths and Difficulties Questionnaire (SDQ; Goodman, 2001) (Appendices K and L) on behalf of each student. The SDQ includes the following subscales: emotional symptoms (e.g., "Many worries or often seems worried"), conduct problems (e.g., "Often fights with other children or bullies them"), hyperactivity (e.g., "Constantly fidgeting or squirming"), peer problems (e.g., "Gets along better with adults than with other children"), and prosocial behavior (e.g., "Considerate of other people's feelings"). Thus, while students self-reported on attitudes of empathy and narcissism, teachers reported on the external behavior of each student individually. The English-version of the SDQ has been found to have internal consistency (mean Cronbach  $\alpha$ : .73) and test-retest reliability (mean Cronbach  $\alpha$ : .62) (Goodman, 2001). In the present study, it is hypothesized that manners lessons will decrease conduct problems, decrease peer problems, and increase prosocial behavior for children in the intervention group. Changes in

emotional symptoms will additionally be considered in order to ensure that treatment supports the emotional development of students as perceived by teachers. Hyperactivity will not be considered at this time.

### **Measure of Fidelity**

As a fidelity measure, the teaching style of each Manners of the Heart® instructor was observed twice by the researcher and twice by one Manners of the Heart® staff. A total of four lessons were thus observed for each instructor. Instructor style (e.g. enthusiasm, warmth, directness, developmentally-appropriate language, use of open-ended questions, full use of teaching time, etc.) and preparedness were assessed using the measure found in Appendix M.

## CHAPTER 4

### RESULTS

Analysis of variance (ANOVA) was used to test the mean differences in treatment and control group classrooms. ANOVA conducted on the pre-test scores of subject conditions indicated that there were no initial differences in narcissism ( $p = .14$ ), empathy ( $p = .09$ ), prosocial behavior ( $p = .39$ ), conduct problems ( $p = .25$ ), or emotional symptoms ( $p = .30$ ) of participants. One significant pre-test difference was found, however, between the reading group and the control group regarding initial peer problems ( $p = .01$ ), but this initial difference was not expected to influence results since these groups were both serving as comparisons for the intervention group. As a whole, it was reasoned that the random assignment of classrooms to treatment or control conditions served to minimize differences between groups. ANOVA was thus deemed appropriate to determine any significant changes in the variables for each group, from pre-test to post-test. Missing data from the various measures was assumed to be random, and thus the classroom mode for that item was entered to generate the participant's total score for that scale. Statistical analysis was conducted using Statistical Package for Social Sciences (SPSS) software for Windows, version 18.0.

To satisfy the assumptions of ANOVA (e.g. homogeneity of variance and normality), Levene's test for equal variance in scores and Shapiro-Wilk's test for a normal distribution of scores were first conducted with the pre to post-test change in each variable. The data did exhibit homogeneity of variance<sup>6</sup>; however data did not satisfy the assumption for normality. For this reason, the more robust Brown-Forsythe test of equality of means was used to generate the appropriate F-statistic and significance score for each comparison. For each of the following

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<sup>6</sup> The only variable that exhibited low homogeneity of variance was conduct problems ( $p = .04$ ).

variables, the difference in means between pre-testing and post-testing was used as the dependent variable and subject group (e.g., intervention, reading, or control) was the independent variable.

### **Effect of Intervention on Narcissism**

Scores on the seven items from the Childhood Narcissism Scale could range from a low of 0 to a high of 21. The mean narcissism score for the three treatment groups at the beginning of the study was in the medium range (a score between 7 and 14) at 12.19. At pretest, 7.9% ( $n= 18$ ) of participants received a low total score (range of 0 to 6), 59.3% ( $n= 136$ ) received a medium total score (range of 7 to 14), and 32.8% ( $n= 75$ ) received a high total score (range of 15 to 21), including 1.3% of students ( $n= 3$ ) who received a perfect narcissism score of 21. Total scores indicate an average response of 1.74 out of 3, between the responses of *not really true* and *kind of true*. The average response for this sample appears to be higher than the mean response found for American children ( $M= 1.37$ ,  $SD= .50$ ) and Dutch children ( $M= .81$ ,  $SD= .51$ ) in 2008 (Thomaes, Stegge, Bushman, Olthof, & Denissen, 2008).

Following intervention, the total narcissism score had decreased by 5.47% for intervention group participants ( $\Delta M = -.66$ ) and by 7.97% for control group participants ( $\Delta M = -1.02$ ), but it had increased by 4.06% for reading group participants ( $\Delta M = .46$ ). However, each change in mean was not found to be significant according to the 95% confidence intervals. Brown-Forsythe was conducted on the difference in pre-test and post-test scores for each group. While the three treatment groups experienced slightly different changes in narcissism, Brown-Forsythe revealed no significant difference between the three conditions,  $F(2, 216.31)= 1.46$ ,  $p = .24$ . Table 1 further describes findings related to the three groups and Table 7 provides details regarding the pre and post scores and corresponding test-statistics.



Table 1

Average Change in Narcissism Score

	<i>M</i>	<i>SD</i>	<i>SE</i>	95% CI
Intervention group	-.66	5.60	.57	[-1.79, .48]
Reading group	.46	4.19	.61	[-.76, 1.68]
Control group	-1.02	4.92	.53	[-2.09, .04]
Total	-.56	5.09	.34	[-1.22, .10]

### Effect of Intervention on Conduct Problems and Peer Problems

It was hypothesized that conduct problems and peer problems would decrease for intervention group participants after the Manners of the Heart® lessons, as indicated by teacher reports on the Strengths and Difficulties Questionnaire. Findings were consistent with this hypothesis. The scores for conduct problems ranged from a low of 0 (no problems), to a high of 10 (high problems). At pre-testing, the average total score for the three groups was 1.31 ( $SD=1.963$ ) indicating that conduct problems were present, but also relatively low. Table 2 includes the change in mean for each participant group, along with the standard deviation, standard error, and 95% confidence interval. The difference in pre-test and post-test means indicated that conduct problems decreased an average of .38 points for intervention group participants ( $SD=1.18$ ), a 32.76% decrease, while they correspondingly increased by 17.61% for control group ( $M=.28$ ,  $SD=1.74$ ) and by 24.55% for reading group ( $M=.27$ ,  $SD=1.40$ ) participants. The 95% confidence interval indicated that the decrease in conduct problems for intervention group participants was statistically significant ( $CI=-.61, -.14$ ), but the increase for the control group ( $CI=-.09, .66$ ) and reading group ( $CI=-.13, .68$ ) was not.

Data on conduct problems did not satisfy the assumption for normality, nor Levene's test for homogeneity of variances ( $p = .04$ ). For this reason, results must be interpreted with caution. According to Brown-Forsythe, there was a significant, overall difference in conduct problem scores between groups,  $F(2, 180.05) = 5.61, p = .004$ . Post hoc analysis using Tukey HSD indicated that the intervention group significantly differed from the control and reading groups. Conduct problem changes for the reading and control groups did not statistically differ.

Table 2

Average Change in Conduct Problems Score

	<i>ΔM</i>	<i>SD</i>	<i>SE</i>	95% CI
Intervention group	-.38	1.18	.12	[-.61, -.14]
Reading group	.27	1.40	.20	[-.13, .68]
Control group	.28	1.74	.19	[-.09, .66]
Total	.00	1.48	.20	[-.19, .20]

At pre-testing, the average total score for peer problems was 1.86 ( $SD = 1.70$ ) out of a total possible score of 10. At post-testing, intervention group participants had decreased in peer problems by 34.1% compared to the pre-test scores for that group ( $M = -.59, SD = 1.29$ ). Similar to the findings for conduct problems, peer problems had increased by 9.65% for the control group ( $M = .22, SD = 1.28$ ), and by 28.99% for the reading group ( $M = .40, SD = 1.53$ ). The decrease in peer problems for intervention participants was statistically significant, with a 95% confidence interval of -.86 to -.33, but the increase was not significant for control group ( $CI = -.16, .61$ ) or for reading group ( $CI = -.05, .84$ ) participants. Brown-Forsythe indicated a statistically significant difference between groups, with  $F(2, 178.65) = 9.15, p = .00$ , and post hoc

comparisons with Tukey HSD specified that the mean change in peer problems for intervention group participants was significantly different than the other two conditions. The control group and reading group did not statistically differ from each-other.

Table 3

Average Change in Peer Problems Score

	<i>ΔM</i>	<i>SD</i>	<i>SE</i>	95% CI
Intervention group	-.59	1.29	.13	[-.86, -.33]
Reading group	.40	1.53	.22	[-.05, .84]
Control group	.22	1.28	.19	[-.16, .61]
Total	-.08	1.59	.11	[-.29, .12]

In addition to finding a decrease in conduct problems and peer problems, teacher-reports on the Strengths and Difficulties Questionnaire indicated a 44.16% decrease in emotional symptoms ( $M = -.68$ ,  $CI = -.97, -.39$ ) for intervention classrooms, compared to a significant *increase* in emotional symptoms by 29.53% for the control group ( $M = .44$ ,  $CI = .07, .80$ ), and no significant change for the reading group ( $M = -.04$ ,  $CI = -.41, .33$ ). Findings were significant, according to Brown-Forsythe,  $F(2, 206.70) = 13.31$ ,  $p = .00$ . Tukey indicated that the intervention group just barely differed from the reading group ( $p = .05$ ), and more substantially differed from the control group ( $p = .00$ ). The reading and control groups did not statistically differ from each other ( $p = .18$ ). Such findings indicate that intervention group participants were emotionally supported by the program, in addition to being socially supported.

Table 4

Average Change in Emotional Symptoms Score

(table 4 continued)

	<i>ΔM</i>	<i>SD</i>	<i>SE</i>	95% CI
Intervention group	-.68	1.43	.15	[-.97, -.39]
Reading group	-.04	1.27	.18	[-.41, .33]
Control group	.44	1.67	.18	[-.07, .80]
Total	-.13	1.57	.10	[-.34, .07]

### Effect of Intervention on Empathy

Total scores on Bryant's Index of Empathy for Children and Adolescents could range from a low of 0 (no empathy), to a high of 21 (high empathy). The average empathy score for the three groups at pre-testing was in the middle at 11.69 suggesting that overall, students did appear to comprehend the perspectives of others and indicated some concern for others, although such concerns did not appear to be high. The mean change in empathy for the three groups is reflected in Table 5. It was hypothesized that empathy would increase for intervention group participants compared to either the reading or control group, but this hypothesis was not supported. Instead, empathy decreased non-significantly by 2.95% for the intervention group, 0.41% for the control group, and 4.48% for the reading group. According to Brown-Forsythe, the difference in conditions was also not significant,  $F(2, 178.50) = .39, p = .68$ .

Table 5

#### Average Change in Empathy Score

	<i>ΔM</i>	<i>SD</i>	<i>SE</i>	95% CI
Intervention group	-.34	3.00	.31	[-.95, .27]
Reading group	-.50	3.11	.45	[-1.40, .40]

(table 5 continued)

Control group	-.05	2.95	.32	[-.68, .59]
Total	-.26	3.00	.20	[-.66, .13]

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### Effect of Intervention on Prosocial Behavior

According to the Strengths and Difficulties Questionnaire at pre-testing, teachers reported an average of 7.07 out of a possible total of 10 on student prosocial behavior. This relatively high mean score informs us that prosocial behavior is considered to be more common among students than is either conduct problems ( $M= 1.31$ ,  $SD= 1.963$ ) or peer problems ( $M= 1.86$ ,  $SD= 1.70$ ), according to classroom teachers. As predicted, prosocial behavior further increased for intervention group participants ( $M= 1.33$ ,  $SD= 2.29$ ), a total of 18.5% compared to scores for the same participants at pre-testing. Interestingly, prosocial behavior also increased by 9.87% for control group participants ( $M= .67$ ,  $SD= 2.23$ ), but decreased by 9.14% for reading group participants ( $M= -.67$ ,  $SD= 2.39$ ) during this same time period; only the increases in prosocial behavior for intervention group participants ( $CI= .87$ ,  $1.80$ ) and control group participants ( $CI= .19$ ,  $1.15$ ) were found to be significant. While Brown-Forsythe indicated an overall difference between groups,  $F(2, 176.49)= 11.96$ ,  $p = .00$ , Tukey HSD indicated that the increase in prosocial behavior for intervention group participants was statistically different than the decrease for the reading group ( $p= .00$ ), but not statistically different from the increase in the control group ( $p= .13$ ); the increase in prosocial behavior for control group participants was also statistically different than the decrease exhibited in the reading group ( $p= .00$ ). Findings can be found in Table 6 and Table 7.

Table 6

## Average Change in Prosocial Behavior Score

	<i>ΔM</i>	<i>SD</i>	<i>SE</i>	95% CI
Intervention group	1.33	2.29	.23	[.87, 1.80]
Reading group	-.67	2.39	.35	[-1.36, .03]
Control group	.67	2.23	.24	[.19, 1.15]
Total	.67	2.40	.16	[.36, .98]

Table 7

## Brown-Forsythe Analysis of Variance for Changes in Dependent Variables

	Time 1		Time 2		<i>df</i>	<i>F</i>	<i>p</i>	η
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>				
Narcissism					2, 216.31	1.46	.24	.11
Intervention	12.07	4.21	11.42	4.27				
Reading	11.33	3.99	11.79	3.77				
Control	12.80	4.06	11.78	4.25				
Conduct Problems					2, 180.05	5.61*	.00	.22
Intervention	1.16	2.01	0.78	1.54				
Reading	1.10	1.55	1.38	1.93				
Control	1.59	2.11	1.87	2.51				
Peer Problems					2, 178.65	9.15*	.00	.28
Intervention	1.73	1.71	1.14	1.46				
Reading	1.38	1.27	1.77	1.39				
Control	2.28	1.81	2.51	2.09				
Emotional Symptoms					2, 206.70	13.31*	.00	.32
Intervention	1.54	2.06	0.86	1.48				
Reading	1.04	1.35	1.00	1.37				

(table 7 continued)

Control	1.49	1.99	1.93	2.29				
Empathy					2, 178.50	.393	.68	.06
Intervention	11.54	2.84	11.20	2.88				
Reading	11.15	2.54	10.65	2.58				
Control	12.16	2.63	12.12	2.95				
Prosocial Behavior					2, 176.49	11.96*	.00	.31
Intervention	7.19	2.46	8.52	1.94				
Reading	7.33	2.16	6.67	1.94				
Control	6.79	2.61	7.46	2.96				

\*p<.05

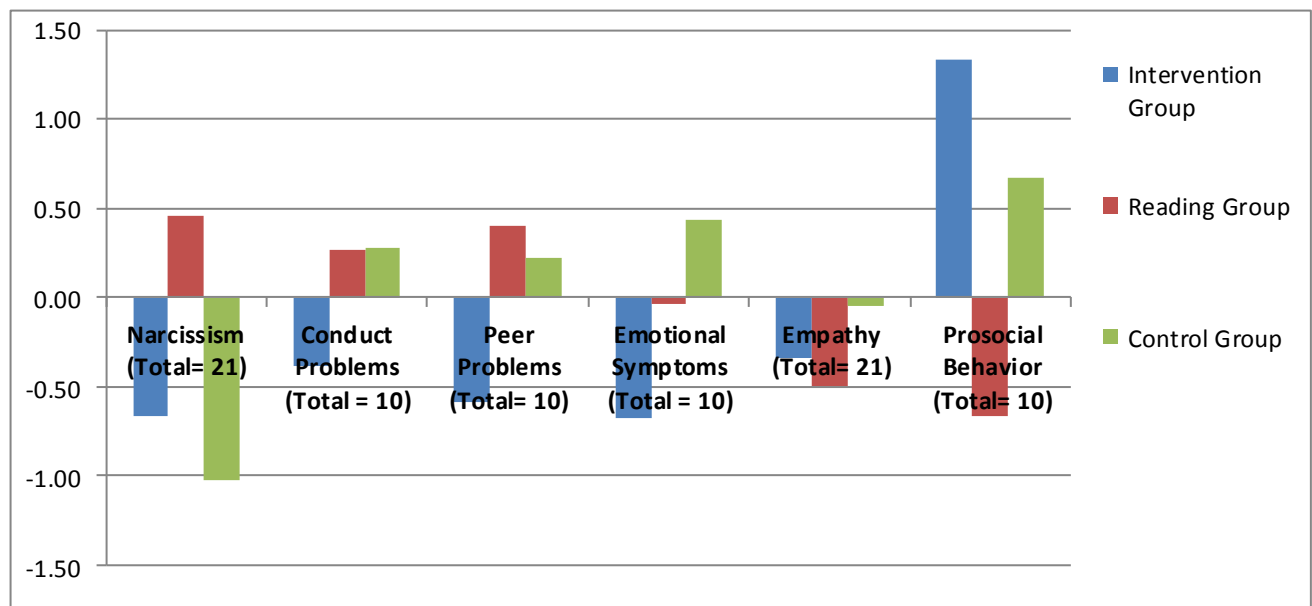


Figure 1

Changes in Variables for Subject Conditions

### Summary of Findings

The intervention for the present study involved 10 lessons on selfless prosocial behavior from the Manners of the Heart® curriculum. Using ANOVA and Tukey HSD statistical analysis, there were both expected and unexpected findings, as indicated above in Table 7 and Figure 1.

As expected, there was a decrease in conduct problems and peer problems for intervention group participants as compared to both reading and control groups and additionally increases in the prosocial behavior of the intervention group compared to the reading group. Intervention participants appeared to be emotionally supported by the program, indicated by a significant decrease in emotional symptoms as compared to the control group. Unexpectedly, intervention group participants did not differ from the reading group or control group regarding changes in narcissism or empathy, and did not statistically differ from the control group in prosocial behavior. The following discussion will address each of these findings as related to the purpose of the study.



## **CHAPTER 5**

### **DISCUSSION AND CONCLUSION**

Child narcissism is accumulating greater interest in the world of social science. Likely, this growing interest is due to recent findings on the increasing narcissistic attitudes among our young adult populations (Twenge, Konrath, Foster, Campbell, & Bushman, 2008), as well as research on the relationship between narcissism and conduct problems in early elementary children (Ang & Yusof, 2005; Barry, Frick, & Killian, 2003; Barry, Thompson, Barry, Lochman, Adler, & Hill, 2007; Ha, Peterson, & Sharp, 2008). Additionally, while narcissism has historically been referred to as a clinically-diagnosed personality disorder (Foster, Campbell, & Twenge, 2003), the recent development of measures to assess more general narcissistic attitudes in children (Ang & Raine, 2009; Thomaes, Stegge, Bushman, Olthof, & Denissen, 2008) is likely responsible for increasing research from those outside of the clinical areas of social science. Still, while there is undoubtedly greater interest in the prevalence and repercussions of narcissism in children and youth, much more research is needed to better understand the development of this attitude and to investigate opportunities for reducing or preventing such attitudes in children and adolescents. The present study was thus concerned with whether classroom instruction on selfless prosocial behavior would influence the social attitudes and behaviors of children.

#### **Did the Intervention Change Behavior?**

Results indicate that lessons from the Manners of the Heart® curriculum decreased teacher reports on antisocial behavior of students and also increased teacher reports on prosocial behavior as measured by the Strengths and Difficulties Questionnaire. This means that teachers witnessed a reduction in conduct problems among students, demonstrated by less bullying, lying, temper tantrums, stealing, or disobedient behavior. Similarly, teacher reports indicated that fewer

students appeared to be solitary or disliked or picked on by peers as demonstrated in the subscale on peer problems. Teachers also witnessed an increase in prosocial behavior among students, meaning they did perceive more consideration, sharing, helpfulness, kindness, and volunteering among students. These findings are consistent with the literature on social skill development that has found direct classroom instruction to improve the social behavior of students (Moreira, 2010). Essentially, findings support the idea that the behavior children exhibit in the classroom is impressionable based on the particular teachings they are receiving. Findings on behavioral improvement also support effectiveness of the intervention, which taught selfless prosocial behavior to children rather than boosting child self-esteem.

One unexpected finding involves the increase in prosocial behavior reports from teachers in control group classrooms who did not receive the intervention or the reading. While the increase in prosocial behavior for the control group was not as substantial as that found for the intervention group, it was still statistically significant compared to pre-testing scores for the same students. Such a finding raises the question, why did prosocial behavior increase for control group participants who did not receive the intervention? It is possible that teachers from the control group were essentially compensating for their students, who did not receive attention through treatment lessons or readings, by slightly enhancing their responses on positive student behavior. However, this possibility seems unlikely as teachers from this same group also reported an increase in negative conduct problems and peer problems among students (although these were nonsignificant findings).

Another potential explanation may involve interaction between intervention and control group participants—an effect known as contagion. In other words, it is possible that the prosocial behavior of intervention participants was modeled to those from control group classrooms,

therefore resulting in a significant increase in such behavior for both groups. Research does support the idea that prosocial behavior is predicted by both peer expectations (Padilla-Walker & Carlo, 2007) and the prosocial behavior of friends (Barry & Wentzel, 2006). However, it is still unclear why prosocial behavior may have increased due to peer influences while conduct problems and peer problems did not appear to be affected by peers from the intervention group. Future research may be needed to examine whether *increasing* the amount of *good* behavior (e.g., prosocial behavior), is easier to accomplish through peer relationships than is *decreasing* the amount of *bad* behavior (e.g., conduct problems or peer problems).

### **Did the Intervention Change Attitudes of Narcissism or Empathy?**

Narcissism and empathy were the alternate attitudes of interest in this study. As previously defined, narcissism refers to antisocial attitudes of self-absorption and self-interest (Ang & Yusof, 2005; Baumeister, Bushman, & Campbell, 2000; Bushman & Baumeister, 1998; Campbell, Foster, & Finkel, 2002; Thomaes, Bushman, Stegge, & Olthof, 2008) while empathy involves prosocial feelings of concern and compassion for others (Malti, Gummerum, Keller, & Buchmann, 2009). Interestingly, the intervention did not appear to reduce attitudes of narcissism or to enhance attitudes of empathy, despite significant findings regarding the antisocial and prosocial behaviors under investigation. Such results are contrary to other studies finding that a change in internal attitudes often precedes a change in external behavior. For example, research by Ralph LaRossa (1988) has indicated that the conduct of fathers appears to lag behind cultural changes in ideologies. Findings from the present study, however, indicate that external change was either unrelated to the internal attitudes under investigation, or did not require a prerequisite change in internal attitudes.

There are a number of possible explanations for the difference in results for attitudes compared to behaviors. First, these findings can be understood by Vygotsky's theory that *interpersonal* development (e.g., external behaviors) occurs prior to *intrapersonal* development (e.g., internal attitudes) (Vygotsky, 1978). It is thus possible that the 10 weeks allotted for the current study was not enough time to produce a significant change in the internal attitudes of child participants, which is likely to occur only *after* experiencing a change in external behavior. If intervention was to be extended through the end of the school year—or better yet, through two or three school years—it is possible that a significant change in attitudes of narcissism or empathy would still be found.

Another theory may be that the internal attitudes of narcissism and empathy are simply more resistant to change than are external behaviors. For example, a child's temperament or personality disposition may be more highly involved in these internal characteristics and therefore limit his or her receptiveness to environmental influences. Developmental literature indicates that a child's temperament at age three is linked to personality traits in young adulthood, suggesting that such early dispositions may be unlikely to change (Thompson & Goodvin, 2005). Results from one recently released longitudinal study also indicate that external factors, such as parenting, did *not* greatly influence the development of maladaptive narcissism; rather narcissism at age 23 was predicted by internal proclivities that were already in place at the age of three (Cramer, 2011). Such literature suggests that intervention may be more effective in the long-term by focusing on the environment of children younger than three, in order to support the initial development of a prosocial temperament or disposition.

If internal attitudes are indeed more resistant to change than are external behaviors, future interventions may be more effective by focusing on multiple, external systems. For instance, the

present study was limited to examining the effect of intervention in the classroom and had no control over additional influences in the home or community. While classroom intervention was enough to influence child behaviors, changing narcissism or empathy may require a more holistic approach to a child's environment. Future interventions may thus be more effective by influencing the home or neighborhood environments of children, in addition to the classroom environment. Additionally, while society's increase in narcissism (Twenge, Konrath, Foster, Campbell & Bushman, 2008) does suggest that environmental influences are at least partially responsible for a child's development of such attitudes, more research is needed to understand these particular influences and to instead support efforts that will encourage prosocial attitudes and behaviors in children.

Third, the difference in findings for child attitudes compared to child behaviors may be due to the use of self-report measures for assessing narcissism and empathy, rather than the teacher report measure used to assess child behaviors. For instance, while child self-reports did not indicate a change in internal attitudes, participants did appear to be internally, emotionally supported by the intervention as indicated by teacher reports on emotional symptoms. This seeming incongruity may be due to the difference in who was reporting on the various measures. A child's self-reports on narcissism and empathy may have been limited, for example, by his or her developmental readiness to participate in such self-assessments, in addition to his or her developmental readiness to be influenced by the intervention itself. These ideas will be further discussed below in light of the particular literature on narcissism and empathy.

As previously stated, limited research has been conducted on the development and initial manifestation of narcissism in children (Thomaes, Bushman, De Castro, & Stegge, 2009). It is thus difficult to consider appropriate ages and methods of intervention and this study may be one

of the first to have attempted such a task. This study was intended to provide information on narcissism intervention at or around the critical age of eight (Thomaes et al., 2009), therefore utilizing participants who ranged in age from 6 to 10. However, it is also believed that *eight* is the critical age to begin witnessing the manifestation of narcissism as well as to begin utilizing self-report measures on this trait (Thomaes et al., 2009), thus self-reports from children younger than eight may prove to be less reliable. In the present study, 87 of the 229 participants were younger than eight at the time of pre-testing and thus may not have reached the critical age to accurately report their own narcissistic attitudes. Such an idea produces a dilemma as the ages of six and seven may be critical for setting children on the prosocial path, away from narcissistic tendencies, yet it may also be difficult to accurately measure the narcissism of children at these ages in order to evaluate effectiveness of any particular intervention. Later analysis will be needed to consider the strength of correlations between narcissism and external behavior for older elementary children compared to younger children, and also to investigate whether the results of older participants were more in the expected direction of influence from the manners intervention.

Similar to the literature on narcissism, developmental scholars believe children are highly limited in perspective-taking abilities until the age of seven (Mitchell, 2003; Siegal, 2003; Ratner, 1991). Therefore it is possible that the younger participants from this study—specifically those ages six and just turning seven—were still cognitively lacking empathic skills while receiving social instruction from the intervention. If children were cognitively limited in empathic ability, their lack of developmental readiness would have prevented their benefitting from the intervention in this area. More research is needed to help us understand at what age this

lack of cognitive perspective-taking may indicate enduring, low attitudes of empathy and the lasting inability (or indifference) to see and understand the feelings of others.

Finally, the lack of significant findings regarding child attitudes may also be partially explained by the pre-test scores for each variable. To begin with, the average total scores for narcissism ( $M= 12.19$ ) and empathy ( $M= 11.69$ ) were relatively in the middle of the total possible range of 0 to 21 for each measure. Thus, the present study investigated the change in general attitudes of narcissism and empathy for children in an entire classroom—many of them beginning the study with already average narcissism or empathy scores. If instead, the post-tests of children with especially high levels of narcissism and low levels of empathy at pre-test were selected and analyzed separately from other children, results may indicate a significant change of attitudes in the expected directions. While this is possible, it must also be remembered that the average pre-test scores for conduct problems ( $M= 1.31$ ), peer problems ( $M= 1.86$ ), and prosocial behavior ( $M= 7.07$ ) also allowed little room for change in the anticipated directions, yet a decrease in conduct problems and peer problems and a further increase in prosocial behavior were still found to be statistically significant for treatment participants. Therefore, this explanation may be unlikely.

One last finding pertaining to the change in attitudes must be addressed. Interestingly, narcissism did not change significantly for any group, however it was the closest to decreasing significantly for participants in the control group rather than for participants in the intervention group. Why might this be? As stated earlier, several studies have found a correlation between narcissism and high self-esteem (Baumeister, Bushman, & Campbell, 2000; Campbell, Bosson, Goheen, Lakey, & Kernis, 2007; Thomaes, Bushman, Stegge, & Olthof, 2008), thus indicating a negative relationship between narcissism and low self-esteem. While a measure of self-esteem

was not included in the present study, it is possible that control group participants decreased the most substantially in self-esteem as a result of not receiving attention through the lessons or readings. In other words, control group participants may have perceived their lack of attention and thus decreased in feelings of self-esteem, which were mistakenly portrayed as a decrease in narcissism. The significant decrease in emotional symptoms for this same treatment condition may also be related to a decrease in self-esteem during this same period of time as low self-esteem is often related with low emotional wellbeing (Orth, Robins, & Meier, 2009). Future research will need to consider such a possibility in the relationship between narcissism and low self-esteem for early elementary children.

### **Reading Group Findings**

A placebo treatment was devised for reading group participants in order to ascertain whether particular content from the intervention lessons was responsible for changing student attitudes or behaviors, or whether the presence of the Manners of the Heart® instructor in the classroom was itself enough to produce a significant change. Findings support the idea that content of the particular lessons was, in fact, the independent variable at work in the present study. Reading group classrooms did not only fail to achieve the same degree of positive results as intervention group classrooms, but in some ways appeared to be negatively impacted by receiving the classroom readings instead of content from the intervention. Although these findings were not significant, reading group teachers reported an increase in conduct problems and peer problems along with a decrease in prosocial behavior. Additionally, attitudes of narcissism increased (not significantly) for reading group students, while they decreased for both treatment and control group students (also not significantly), and empathy decreased the most substantially (but not significantly) for reading group students. Practically speaking, the reading



treatment was created in order to provide children with a source of special attention, in order to ascertain whether a child's attitudes or behaviors might change as a result of the attention itself, and not the specific content of the attention. According to results from the present study's reading group, providing attention without meaningful instruction is not enough to positively influence a child's attitudes or behaviors.

## **Limitations**

### **Limitations of Method**

Despite best efforts in designing this study, there were several limitations involving the particular design of the study itself. First, the method for this study involved a quasi-experimental rather than a true experimental design. A quasi-experimental design is less preferable than an experimental design as it lacks the random assignment of individual subjects, creating less control over extraneous variables and increasing the opportunity for selection bias. However, as this study was conducted in the natural classroom environment and as the classroom context may greatly influence a child's internalization of prosocial behavior (Wentzel, Fillissette, & Looney, 2007), a quasi-experimental design appeared most appropriate and beneficial for the current research purposes. Additionally, bias was minimized as individual classrooms were randomly assigned to treatment or control conditions, and there were both treatment and control conditions at each school with no particular school serving as the control for different school environments as is sometimes the case in quasi-experimental studies within schools. ANOVA conducted on the pre-test scores also suggests that the random assignment of classrooms did work in minimizing initial differences in subject groups, however analysis of subject differences in demographic variables should also be considered at a later time.

Second, the external behavior of students was not directly observed in this study, but was operationalized based on reports from teachers in both treatment and control conditions. As behavioral findings were dependent on teacher assessments of individual subjects, it is possible that the intervention produced a significant change in the teacher's *perception* of student behavior rather than an actual change in the behavior of child participants (a reactive measurement effect). However this explanation is unlikely as conduct problems and peer problems reportedly *increased* while prosocial behavior reportedly *decreased* (although not significantly) for reading group participants who received the placebo treatment. Thus, if the reported changes in intervention group behavior were due to a change in teacher's expectations or perceptions, results should have indicated similar findings in the reports from reading group teachers. Furthermore, if the change in teacher perception was stronger than the empirical change in student behavior, such a finding would suggest that at a minimum, teachers are indeed pleased with the program and believe in its impact for their students—a positive outcome in and of itself as it indicates the program's ability to generate a sense of hope or optimism among teachers.

While the purpose of this study was to investigate whether prosocial intervention could influence a child's attitudes and behaviors toward others, a third limitation is that results cannot be separated from the specific intervention used. It will be important for researchers to investigate the impact of other character education or social and emotional learning programs on child attitudes and behaviors at a later time, specifically considering the influence of such programs on child attitudes of narcissism. Future research should also investigate the influence of longer interventions as this particular study has only considered the influence of intervention over about a three-month period. Longitudinal studies with panel data collection will be

necessary to demonstrate the long-term effectiveness of any intervention on a child's lasting prosocial attitudes and behaviors.

This study attempted to control for contagion by instructing teachers to maintain the privacy of intervention lessons; however, contagion due to relationships between children in intervention and either reading or control group classrooms was not controlled. Children were not instructed to keep the information private from peers in other classes, in order to minimize confusion regarding the information and to encourage children to practice the prosocial behaviors taught through the curriculum. However, it is possible that peer relationships among children from different treatment conditions may be responsible for the increase in prosocial behavior reported for children in both the intervention and control group conditions. Still, significant findings for conduct problems, peer problems, and emotional symptoms were found for intervention participants, but not for reading or control participants, supporting the overall conclusion that contagion did not play a significant role in a majority of the results.

Finally, the current study was designed to investigate the change in variables that were expected to relate with narcissism based on the available literature, although a correlational analysis was not included in this particular project. It is thus possible that the changes in antisocial or prosocial behaviors may be unrelated to the antisocial or prosocial attitudes under investigation. Future research will need to more thoroughly investigate the relationship between narcissism and external behavior in early elementary children.

### **Limitations of Implementation**

There were several limitations related to the particular implementation of the study. Two of these limitations relate to items mistakenly left off of the parent/guardian demographic questionnaire. First, an additional option indicating "less than high school" should have been

included under “what is the highest education you have obtained?” This mistake was realized after beginning the coding process and noticing that several parents had neglected to answer this question, or had indicated that their option was not included. This mistake is not expected to influence results for the present study as parent education was not a variable under consideration, but may limit use of the data for future research. A second error on the demographic questionnaire is that parents or guardians should have been asked whether their child had a disability of any kind as it is possible that students with disabilities may have responded differently than other students to the measures or to the treatment itself. However, all participants were part of the regular education classroom and appeared to understand the assessment material and intervention content to a relatively similar degree.

Finally, while one strength of this study is its use of the natural school environment, this strength also generated weakness as there were limitations on the number of conditions that could be controlled as is the case in any field experiment. In the ideal study, subjects would have been tracked throughout the project, ensuring that all participants were present at the designated days and times for lessons or readings. Collection of such data would have provided the researcher with additional knowledge on the specific number of lessons necessary to generate a change in attitudes or behaviors for a given child, and also would have ensured that all participants were present for a minimum number of lessons or readings in order to be included in post-testing. However, the researcher could not be present for a majority of designated treatments and the certified instructor had a short 20 minutes of time in the classroom to share the day’s lesson or reading, thus time was too limited for tracking attendance in each class. Results may be affected by this limitation as scores from students who were consistently absent on the day of lessons or readings, but who still participated in post-testing at the end of the

semester, may not indicate accurate influence from treatment. Still, this was not expected to have happened for many students (if any) as students who were absent throughout the semester were likely included in the attrition ( $n = 46$ ) and were therefore not included in the final analysis.

## **Implications**

This study has several important implications for both future research and practice. First, future research will need to utilize longitudinal and experimental designs in order to better understand the long-term consequences of various programs, parenting practices, or teaching styles on developing narcissism. While an abundance of research is taking place on the detrimental outcomes of narcissism (Ang & Yusof, 2005; Baumeister, Bushman, & Campbell, 2000; Bushman & Baumeister, 1998; Campbell, Foster, & Finkel, 2002; Exline, Baumeister, Bushman, Campbell & Finkel, 2004; Thomaes, Bushman, Stegge, & Olthof, 2008), much more work is needed regarding the particular *causes* of this attitude. Longitudinal comparisons between parents or educators who practice self-esteem boosting techniques such as false praise (Kamins & Dweck, 1999), compared to those who emphasize alternative values such as self-control, social responsibility, or selflessness will be especially illuminating. As narcissism is more prevalent within individualistic societies (Foster, Campbell, & Twenge, 2003), qualitative designs will also allow us to investigate the meaning that is attributed to individualistic versus communal messages within various cultures, and thus will add to our understanding of the ways in which narcissism is promoted within certain groups. Finally, while one purpose of the present study was to increase our understanding of intervention strategies that would confront antisocial, narcissistic attitudes in children, results did not provide a large amount of insight into such efforts. Therefore, while researchers continue to investigate the development of narcissism and correlated antisocial behavior, they would also do well to consider research-based opportunities

to reduce its development and prevalence among our youngest populations. Specifically, longitudinal, experimental studies beginning with children younger than eight years of age and continuing for several years may provide substantial insight regarding the influence of various interventions over time.

The present paper has also generated important, practical considerations for parents and educators. As theory and research indicate that narcissism develops from either parental harshness *or* overindulgence (Thomaes, Bushman, Orobio De Castro, & Stegge, 2009), parents should be educated on the importance of exhibiting consistent, warm parenting, but not without effective discipline. Theoretically, a balance between parental warmth and control is optimum regarding the prevention of narcissism development (Ramsey, Watson, Biderman & Reeves, 1996), however additional empirical research is still needed. Additionally, this study has indicated that educational programs premised on teaching selfless prosocial behavior (rather than those premised on boosting self-esteem) are able to increase positive behaviors and decrease negative behaviors within the classroom. Thus, implementing similar educational efforts will likely support a teacher's endeavors in the classroom while also enhancing a child's ability to succeed in social situations. Furthermore, while participants from the present study's reading group were given attention and care through weekly stories from a dedicated community member, this form of treatment was not enough to support prosocial behaviors within the classroom. Instead, without the particular instruction on prosocial behavior taught through the intervention, children from the reading group demonstrated even worse attitude and behavioral outcomes than children from the control group who did not receive any similar attention. Such information has implications for educators as it indicates the importance of *directly* instructing children in appropriate classroom behaviors in order to effect change.

## **Is There an Alternative to Boosting Self-esteem in Children?**

It has been suggested that efforts to boost self-esteem in children may relate to the increased narcissism among our younger populations (Twenge, Konrath, Foster, Campbell, & Bushman, 2008). If boosting the self-esteem of children does influence narcissism development, what is a better alternative to supporting the social and emotional development of children? Several scientists are now proposing that program developers, parents, and teachers focus their efforts on boosting the *self-control* of students in place of boosting self-esteem (Baumeister, 2005; Twenge, 2006). Supporting these claims, self-control appears to have an inverse relationship with narcissism as the self-control of preschool children negatively predicted their narcissistic attitudes at later ages (Carlson & Per, 2009). Impressively, self-control also has a positive correlation with: (a) GPA; (b) impulse control; (c) psychological adjustment; (d) self-acceptance; (e) conscientiousness; (f) emotional stability; (g) agreeableness; (h) good family environment, family cohesion, and secure attachment; (i) perspective-taking; (j) constructive anger management; and (k) personal responsibility for wrongs (Tangney, Baumeister & Boone, 2004). Self-control also negatively relates with: (a) eating disorders; (b) problem drinking; (c) psychopathology; (d) family conflict and avoidant or anxious attachment patterns; (e) self-oriented distress; (f) anger or holding anger in; (g) aggression; and (h) defensiveness (Tangney et al., 2004).

Contrary to self-esteem where excessively high self-esteem may increase one's likelihood to act aggressively (Baumeister, Smart, & Boden, 1996; Bushman, Baumeister, Thomaes, Ryu, Begeer, & West, 2009), the more self-control the better (Tangney, Baumeister, & Boone, 2004). Self-control has been found to support the individual's ability to act prosocially, such as by telling the truth (Mead, Baumeister, Gino, Schweitzer, & Ariely, 2009) and offering long-term

care toward another (Kammrath & Peetz, 2011). Teachers also rated preschool children to be higher in social competence when the child was rated to have higher self-regulation (Diener & Kim, 2004). Additionally, self-control was found to be one of the three best predictors for prosocial behavior of children ages 9-13, in addition to empathy and familial affection (Mestre, Samper, Nacher, Tur, & Cortes, 2006).

In the present study, intervention lessons did not attempt to boost the self-esteem of children, but rather focused on selfless prosocial behavior that largely involved the important quality of self-control. Such an emphasis did appear to support a child's ability to get along with others, indicated by changes in antisocial and prosocial behaviors, and children appeared to be emotionally supported by this change as indicated by decreased emotional symptoms (e.g., appearing to be more happy, less nervous and less fearful) on the Strengths and Difficulties Questionnaire. While research on the social benefits of self-control is off to a good start, much more work is still needed on this intriguing, alternative approach to boosting self-esteem. Parents and educators would especially benefit from increased scientific efforts to understand the developmental outcomes of practices designed to boost the self-control of children.

## **Conclusion**

As developmental scholars, it is our duty to critically examine the influences that will shape our children of the next generation. This paper has highlighted some of the many social consequences of narcissism. Empirical work indicates that narcissistic children or youth will be increasingly likely to act out with aggression or conduct problems (Ang & Yusof, 2005; Barry, Frick, & Killian, 2003; Barry, Thompson, Barry, Lochman, Adler, & Hill, 2007; Ha, Peterson, & Sharp, 2008; Thomaes, Bushman, Stegge, & Olthof, 2008), and that lasting antisocial, narcissistic trends can begin to be evidenced in children as young as preschool (Carlson &



Gjerde, 2009; Cramer, 2011). Such antisocial developments are of critical importance as theory suggests that children cannot develop into productive and purposeful individuals without successful interactions with others (Corsaro, 1997; Erikson, 1997; Frankl, 1984; Ratner, 1991). Findings that narcissistic attitudes are increasing over time (Twenge, Konrath, Foster, Campbell, & Bushman, 2008) should thus generate: (1) serious contemplation regarding the cultural messages we are transmitting to our children and youth; and (2) research on interventions that will reduce or prevent narcissism and antisocial behaviors within society. Not only would our classrooms benefit from less antisocial behavior among students, but a society that was more prosocial would involve less violence and crime, more successful marriages, and overall kinder interactions among strangers. Let us begin directing children toward that future society today.

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## **APPENDIX A**

### **LETTER TO PARENTS**

August 11, 2010

Dear Parent,

I am very pleased to announce that Manners of the Heart® will be working in your child's school during the 2010-2011 school year, bringing educational programs to students, teachers, and parents. Manners of the Heart® is a nonprofit organization in Baton Rouge that works with children, parents, educators, and business professionals to create a more caring and respectful community. For more information about the Manners of the Heart® organization, visit [www.mannersoftheheart.org](http://www.mannersoftheheart.org).

Over this school year, second and third grade students in your child's school will receive a selection of lessons from the new Manners of the Heart® elementary curriculum. Some students will receive these lessons in the fall and other students will receive lessons in the spring. Certified Manners of the Heart® trainers will conduct the manners lessons and will also read children's stories to select classrooms. In the spring, a seminar will also be offered to you and other parents in your child's school with more information to come at a later time.

As part of these offerings, we will be conducting a study on the influence of manners lessons and children's stories, which will help us to better understand the effectiveness of the program. This study will rely on a completion of surveys by you (the parent or guardian), your child, and your child's teacher. All completed surveys will be kept confidential and there will be no names associated with the collected data.

In the enclosed pages, you will find the following:

1. A consent form for your child to participate in our study during the 2010-2011 school year. Please read this form in its entirety and print and sign your name with the date at the bottom. Should you have any questions pertaining to the study, please do not hesitate to contact the Project Coordinator, Shawna Gose, at (225) 931-9856. The bottom copied page of this consent form is yours to keep.
2. A survey for you to complete regarding various characteristics of your household. Your completion of this survey will provide us with a more complete understanding of each child and family that Manners of the Heart® is serving in your child's school. Your child's ID number has already been written in the top right corner and is the only identifying information on this form. Only you and the investigators involved in this study will have access to the identification number of your child.

As an additional "thank you" from Manners of the Heart®, parents and guardians of second and third grade participants in your child's school will be entered into a drawing to receive one \$200 Walmart gift certificate. I sincerely thank you for the opportunity to serve your child's school this year and hope you will consider granting your child permission to participate in our study.

Respectfully yours

Jill Rigby Garner  
Founder & Executive Director  
Manners of the Heart  
(225) 383-3235  
[jrigby@mannersoftheheart.org](mailto:jrigby@mannersoftheheart.org)

## **APPENDIX B**

### **PARENT CONSENT FORM**

Project Title:	Influencing Children's Attitudes and Behaviors through the Teaching of Manners and the Reading of Classroom Stories
Performance Sites:	East Baton Rouge Parish Elementary Schools
Purpose of the Study:	To investigate the influence of manners lessons and classroom stories
Inclusion Criteria:	Children in 2 <sup>nd</sup> and 3 <sup>rd</sup> grade from East Baton Rouge classrooms
Exclusion Criteria:	Children who are not consistently present in the 2 <sup>nd</sup> or 3 <sup>rd</sup> grade classrooms from the performance sites.
Description of the Study:	<p>During the 2010-2011 school year certified trainers from the Manners of the Heart® organization will provide manners lessons and stories to selected classrooms. A selection of lessons will be taught from the Manners of the Heart® curriculum. During the same time period, certified trainers will read stories in place of the manners lessons to select classrooms.</p> <p>Student participants will be asked to complete a packet of surveys including a total of 33 questions that will be completed at three times during the 2010-2011 school year. These surveys are expected to take approximately 30 minutes of time. Participating teachers will be asked to complete one survey of 25 questions on each child participant at three times during the 2010-2011 school year. Each survey is expected to take approximately 5 minutes of time. Participating parents will also be asked to complete one survey including a total of 13 questions, expected to take approximately 5 minutes of time.</p>
Benefits:	This study is intended to inform intervention and instructional strategies with children in order to support their positive social development.
Risks:	This study contains no known risks outside of those associated with everyday life.
Right to Refuse:	A child is considered to be a participant in this study if the child's self-report and teacher-report measures are included in the total participant number. Participation in this study is voluntary, and a child will become part of the study only if both child and parent agree to the child's participation. At any time, either the subject may withdraw from the study or the subject's parent may withdraw the subject from the study without penalty or loss of any benefit to which they might otherwise be entitled.
Privacy:	All data will be assigned to numbers in order to protect any identifying information of the participants. The school records of participants in this study may be reviewed by investigators, but such information will remain confidential. Results of the study

may be published, but no names or identifying information will be included for publication. Subject identities will remain confidential unless disclosure is required by law. All collected data will be kept in a locked and secured location.

Financial Information: There is no cost for participation in this study. Parents of subjects who participate in this study will be entered in a drawing to receive one \$200 Walmart gift certificate at the end of the 2010-2011 school year.

---

The study has been discussed with me and all my questions have been answered. I may direct additional questions regarding the study to:

Principal investigator: Jennifer Baumgartner, (225) 578-0312, jbaumgartner@agcenter.lsu.edu

Co-investigator: Shawna Gose, (225) 383-3235, sgose@mannerstheheart.org

If I have questions about the subject's rights or other concerns, I can also contact Robert C. Matthews, Chairman, Institutional Review Board, (225) 578-8692, irb@lsu.edu, www.lsu.edu/irb.

I will allow my child to participate in the study described above and acknowledge the investigator's obligation to provide me with a signed copy of this consent form.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The parent/guardian has indicated to me that he/she is unable to read. I certify that I have read this consent form to the parent/guardian and explained that by completing the signature line above he/she has given permission for the child to participate in the study.

Signature of Reader: \_\_\_\_\_ Date: \_\_\_\_\_

Institutional Review Board  
Dr. Robert Matthews, Chair  
131 David Boyd Hall  
Baton Rouge, LA 70803  
P: 225-578-8692  
F: 225-578-6792  
irb@lsu.edu  
www.lsu.edu/irb

## APPENDIX C

### CHILD CONSENT FORM

I, \_\_\_\_\_, agree to be in a study to find ways to help children act better in school. I will have to do some special crafts or activities as part of the lessons I receive from Manners of the Heart. I also realize that I will have to answer questions about myself as part of my being in this study. I can decide to stop being in the study at any time without getting into trouble.

Child's Signature: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Witness\* \_\_\_\_\_ Date: \_\_\_\_\_

\*(N.B. Witness must be present for the assent process, not just the signature by the minor.)

Institutional Review Board  
Dr. Robert Matthews, Chair  
131 David Boyd Hall  
Baton Rouge, LA 70803  
P: 225-578-8692  
F: 225-578-6792  
[irb@lsu.edu](mailto:irb@lsu.edu)  
[www.lsu.edu/irb](http://www.lsu.edu/irb)



## **APPENDIX D**

### **TEACHER CONSENT FORM**

Project Title: Influencing Children's Attitudes and Behaviors through the Teaching of Manners and the Reading of Classroom Stories

Performance Sites: East Baton Rouge Parish Elementary Schools

Investigator: The following investigators are available for questions about this study:

Monday-Friday, 9:00am-5:00pm  
Jennifer Baumgartner (225) 578-0312

Monday-Thursday, 9:00am-5:00pm, Friday, 9:00am-12:00pm  
Shawna Gose (225)383-3235

Purpose of the Study: To investigate the influence of manners lessons and classroom stories

Inclusion Criteria: Children in 2<sup>nd</sup> and 3<sup>rd</sup> grade from East Baton Rouge classrooms

Exclusion Criteria: Children who are not consistently present in the 2<sup>nd</sup> or 3<sup>rd</sup> grade classrooms from the performance sites.

Total Number of Subjects: 450

Description of the Study: During the 2010-2011 school year certified trainers from the Manners of the Heart® organization will provide manners lessons and stories to selected classrooms.

A selection of lessons will be taught from the Manners of the Heart® curriculum. During the same time period, certified trainers will read stories in place of the manners lessons to select classrooms.

Student participants will be asked to complete a packet of surveys including a total of 33 questions that will be completed at three times during the 2010-2011 school year. These surveys are expected to take approximately 30 minutes of time. Participating teachers will be asked to complete one survey of 25 questions on each child participant at three times during the 2010-2011 school year. Each survey is expected to take approximately 5 minutes of time. Participating parents will also be asked to complete one survey including a total of 13 questions, expected to take approximately 5 minutes of time.

Benefits: This study is intended to inform intervention and instructional strategies with children in order to support their positive social development.

Risks: This study contains no known risks outside of those associated with everyday life.

Right to Refuse:	A child is considered to be a participant in this study if the child's self-report and teacher-report measures are included in the total participant number. Participation in this study is voluntary, and a child will become part of the study only if both child and parent agree to the child's participation and if the teacher agrees to complete one measure of 25 questions on each child at three different times during the school year. At any time, either the subject may withdraw from the study or the subject's parent may withdraw the subject from the study without penalty or loss of any benefit to which they might otherwise be entitled.
Privacy:	All data will be assigned to numbers in order to protect any identifying information of the participants. The school records of participants in this study may be reviewed by investigators, but such information will remain confidential. Results of the study may be published, but no names or identifying information will be included for publication. Subject identities will remain confidential unless disclosure is required by law. All collected data will be kept in a locked and secured location.
Financial Information:	There is no cost for participation in this study. Teachers who participate in this study will receive a compensation of \$10 per student for their completion of surveys during the 2010-2011 school year.

The study has been discussed with me and all my questions have been answered. I may direct additional questions regarding the study to:

Principal investigator: Jennifer Baumgartner, (225) 578-0312, jbaumgartner@agcenter.lsu.edu

Co-investigator: Shawna Gose, (225) 383-3235, sgose@mannerstheheart.org

If I have questions about the subject's rights or other concerns, I can also contact Robert C. Matthews, Chairman, Institutional Review Board, (225) 578-8692, irb@lsu.edu, www.lsu.edu/irb.

I agree to participate in the study described above by reporting on the behavior of each student participant at three times during the 2010-2011 school year and by giving 30 minutes of my classroom time each week to Manners of the Heart® for the purpose of this study. I also acknowledge the investigator's obligation to provide me with a signed copy of this consent form.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Institutional Review Board  
Dr. Robert Matthews, Chair  
131 David Boyd Hall  
Baton Rouge, LA 70803  
P: 225-578-8692  
F: 225-578-6792  
irb@lsu.edu  
www.lsu.edu/irb

## **APPENDIX E**

### **REMINDERS TO CLASSROOM TEACHERS**

#### **Manners of the Heart Pilot Project Reminders for Fall 2010**

We are very excited to be working in your school this semester and we appreciate your help to make this possible. Your involvement is essential for the assessment of our program throughout the year and to maintain integrity of the study this fall. The pilot project at your school will be very important in revealing the impact of Manners of the Heart® for our work both in Baton Rouge and nationally. Please read the bullet points below regarding the program implementation this fall:

- We will need up to 45 minutes of your classroom time at the beginning of the school year, 45 minutes before Christmas break, and 45 minutes at the end of the school year to gather assessments from student participants.
- Classrooms will be randomly selected to receive Manners of the Heart® during the fall semester. All classrooms will receive Manners of the Heart® lessons in the spring semester.
- If your classroom is selected to receive Manners of the Heart® or a reading in the fall, we will need 20-minutes of your classroom time for 10 weeks. In the spring semester, we will need 20-minutes of classroom time for 10 weeks from all second and third grade classrooms.
- We ask that you complete one Strengths and Difficulties Questionnaire (SDQ) at three selected times on behalf of each child participating in the study. As your responses on the SDQ will play a large role in assessing the program impact, we ask that you complete all material with as much honesty as possible. You will be compensated \$10 per student for your completion of the SDQ on the child's behalf at three times throughout the year.
- During the fall semester, please do not share information that is taught from the MOH curriculum with other teachers. In the spring semester, MOH will be working with all teachers and second and third grade students and there will be no restrictions on the content at that time.

Thank you so much for your participation! We hope our involvement in your school will make your job as an educator easier and even more rewarding.

Sincerely,

Manners of the Heart Staff

## APPENDIX F

### MANNERS OF THE HEART® CURRICULUM LESSONS

#### SECOND GRADE

Week	Lesson Title	Attributes	Story	Craft	Game	Worksheet	Discussion	Instruction on Board	Poster or Cards	Role Play	Song/ Cheer	Group Brainstorm	Props	Puppets
1	<b>Helping Others-</b> “Helping others with an open heart”	Kindness Love	X			X	X							
2	<b>Excusing Others and Excusing Me-</b> “Forgiving you and forgiving me”	Patience Humility					X	X		X		X		
3	<b>Respecting Adults-</b> “Respecting adults in your community”	Honor Obedience					X		X			X	X	
4	<b>Respecting the Team-</b> “Being a good teammate”	Selflessness Cooperation Sportsmanship		X	X		X						X	
5	<b>Respecting Differences-</b> “Our world, yours and mine”	Acceptance Understanding					X	X	X			X		
6	<b>Respecting the Rights of Others-</b> “Be a buddy and not a bully”	Kindness Empathy					X	X	X		X			
7	<b>Respecting the Privacy of Others-</b> “Tattling or reporting?”	Consideration Loyalty Trustworthiness	X				X							
8	<b>Becoming Ladies and Gentlemen-</b> “Ladies & gentlemen are gracious & caring”	Gentleness Graciousness	X	X			X							
9	<b>Public Courtesies-</b> “Public courtesies while walking”	Courtesy Punctiliousness		X			X	X		X				
10	<b>Appreciating Others-</b> “Words of Wisdom”	Appreciation Encouragement		X		X	X						X	X

### THIRD GRADE

Week	Lesson Title	Attributes	Story	Craft	Game	Worksheet	Discussion	Instruction on Board	Poster or Cards	Role Play	Song/ Cheer	Group Brainstorm	Props	Puppets
1	<b>Helping Others-</b> “Offering others a helping hand”	Kindness Love	X	X			X							
2	<b>Excusing Others and Excusing Me-</b> “Feelings of Forgiveness”	Patience Humility				X	X							
3	<b>Respecting Adults-</b> “Respecting the adult leaders of our country”	Honor Obedience					X		X				X	
4	<b>Respecting the Team-</b> “Being a good sport”	Selflessness Cooperation Sportsmanship				X	X	X				X		
5	<b>Respecting Differences-</b> “Respecting age and ability differences”	Acceptance Understanding	X			X	X							
6	<b>Respecting the Rights of Others-</b> “Standing up for others”	Kindness Empathy					X	X			X	X		
7	<b>Respecting the Privacy of Others-</b> “Keeping the confidence of others”	Consideration Loyalty Trustworthiness	X		X		X							
8	<b>Becoming Ladies and Gentlemen-</b> “Honoring others”	Gentleness Graciousness	X	X		X	X						X	
9	<b>Public Courtesies-</b> “Public courtesies while walking”	Courtesy Punctiliousness		X			X	X		X				
10	<b>Appreciating Others-</b> “More precious than gold”	Appreciation Encouragement	X	X		X	X						X	X

## APPENDIX G

### PARENT DEMOGRAPHICS QUESTIONNAIRE

**Today's Date:** \_\_\_\_\_

**What is the gender of your child?**                      Male                      Female

**What is your child's date of birth?** \_\_\_\_\_

**What is your relationship to the child in this study?**

                    Mother                      Father                      Other

**What is your relationship to the child in this study?**

                    Biological parent                      Adoptive parent                      Foster parent

                    Parent's partner                      Step parent                      Other: \_\_\_\_\_

**What is your ethnic background?**

                    African American                      Asian                      American Indian                      Indian

                    Caucasian                      Hispanic                      Other \_\_\_\_\_

**What is your child's ethnic background (if different)?**

                    African American                      Asian                      American Indian                      Indian

                    Caucasian                      Hispanic                      Other \_\_\_\_\_

**What language is most often spoken in your home?** \_\_\_\_\_

**How many people (including yourself) live in your house?** \_\_\_\_\_

**What is your current marital status?**

                    Single                      Married                      Divorced                      Separated

**What is the highest education you have attained?**

                    High school diploma or GED                      Some college                      Associate's degree

                    Skilled training in \_\_\_\_\_

                    Bachelor's degree                      Master's degree                      Professional degree (PhD, MD, other)

**What is your current employment standing?**

Employed full-time	Employed part-time	Self-employed
In-between jobs	Unemployed	Homemaker

**If you have a spouse, what is your spouse's current employment standing?**

Employed full-time	Employed part-time	Self-employed
In-between jobs	Unemployed	Homemaker

**What is the total annual income in your household?**

Under \$9,999	\$10,000-\$19,999	\$20,000-\$29,999
\$30,000-\$39,999	\$40,000-\$49,999	\$50,000-\$59,999
Over \$60,000		

## APPENDIX H

### TEACHER QUESTIONNAIRE

Please take about five minutes to answer the following questions. Your answers support our understanding of the classrooms participating in our study and will be kept confidential.

Total number of years teaching: \_\_\_\_\_

Years at current school: \_\_\_\_\_

Please list any grade levels you have taught:

GRADE

YRS TAUGHT

GRADE

YRS TAUGHT

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your age?

20-25

26-30

31-40

41-50

51-60

Over 60

What is your ethnic background?

African American

Asian

American Indian

Indian

Caucasian

Hispanic

Other \_\_\_\_\_

What is the highest education you have attained?

Teaching certificate

Bachelor's degree

Master's degree

PhD (or equivalent)

Please list your previous school positions and years taught:

SCHOOL

POSITION

YRS TAUGHT

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In your opinion, have your students benefitted from the Manners of the Heart® program so far?

Would you like to see Manners of the Heart® continued in your classroom next school year?

In what ways can Manners of the Heart® better support your needs or the needs of your students?



## APPENDIX I

### THE CHILDHOOD NARCISSISM SCALE (THOMAS, STEGGE, BUSHMAN, OLTHOF & DENISSEN, 2008)

**Please circle the answer that you believe.**

1. I think it's important to stand out.
  - a. Not true at all
  - b. Not really true
  - c. Kind of true
  - d. Always true
2. Kids like me deserve something extra.
  - a. Not true at all
  - b. Not really true
  - c. Kind of true
  - d. Always true
3. Without me, our class would be much less fun.
  - a. Not true at all
  - b. Not really true
  - c. Kind of true
  - d. Always true
4. It often happens that other kids get the compliments that I actually deserve.
  - a. Not true at all
  - b. Not really true
  - c. Kind of true
  - d. Always true
5. I love showing all the things I can do.
  - a. Not true at all
  - b. Not really true
  - c. Kind of true
  - d. Always true
6. I am very good at making other people believe what I want them to believe.
  - a. Not true at all
  - b. Not really true
  - c. Kind of true
  - d. Always true
7. I am a very special person.
  - a. Not true at all
  - b. Not really true
  - c. Kind of true
  - d. Always true
8. I am a great example for other kids to follow.
  - a. Not true at all
  - b. Not really true
  - c. Kind of true
  - d. Always true
9. I often succeed in getting admiration.
  - a. Not true at all
  - b. Not really true
  - c. Kind of true
  - d. Always true
10. I like to think about how incredibly nice I am.
  - a. Not true at all
  - b. Not really true
  - c. Kind of true
  - d. Always true

## APPENDIX J

### INDEX OF EMPATHY FOR CHILDREN AND ADOLESCENTS (BRYANT, 1982)

Please read the following statements and circle “yes” or “no”

**EXAMPLE A:** I like to eat spinach

Yes

No

**EXAMPLE B:** I don't like ice cream

Yes

No

1. It makes me sad to see a girl who can't find anyone to play with.

Yes

No

12. Some songs make me so sad I feel like crying.

Yes

No

2. People who kiss and hug in public are silly.

Yes

No

13. I get upset when I see a boy being hurt.

Yes

No

3. Boys who cry because they are happy are silly.

Yes

No

14. Grown-ups sometimes cry even when they have nothing to be sad about.

Yes

No

4. I really like to watch people open presents, even when I don't get a present myself.

Yes

No

15. It's silly to treat dogs and cats as though they have feelings like people.

Yes

No

5. Seeing a boy who is crying makes me feel like crying.

Yes

No

16. I get mad when I see a classmate pretending to need help from the teacher all the time.

Yes

No

6. I get upset when I see a girl being hurt.

Yes

No

17. Kids who have no friends probably don't want any.

Yes

No

7. Even when I don't know why someone is laughing, I laugh too.

Yes

No

18. Seeing a girl who is crying makes me feel like crying.

Yes

No

8. Sometimes I cry when I watch TV.

Yes

No

9. Girls who cry because they are happy are silly.

Yes

No

19. I think it is funny that some people cry during a sad movie or while reading a sad book.

Yes

No

10. It's hard for me to see why someone else gets upset.

Yes

No

20. I am able to eat all my cookies even when I see someone looking at me wanting one.

Yes

No

11. I get upset when I see an animal being hurt.

Yes

No

21. I don't feel upset when I see a classmate being punished by a teacher for not obeying school rules.

Yes

No

## APPENDIX K

### STRENGTHS AND DIFFICULTIES QUESTIONNAIRE (GOODMAN, 2001)

#### Strengths and Difficulties Questionnaire

**P or T 4-10**

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behavior over the last six months or this school year.

Child's name .....

Male/Female

Date of birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often offers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature .....

Date .....

Parent / Teacher / Other (Please specify):

**Thank you very much for your help**

© Robert Goodman, 2005

## APPENDIX L

### SDQ SCORING SHEET

#### Scoring the Informant-Rated Strengths and Difficulties Questionnaire

The 25 items in the SDQ comprise 5 scales of 5 items each. It is usually easiest to score all 5 scales first before working out the total difficulties score. Somewhat True is always scored as 1, but the scoring of Not True and Certainly True varies with the item, as shown below scale by scale. For each of the 5 scales the score can range from 0 to 10 if all 5 items were completed. Scale score can be printed if at least 3 items were completed.

<b><u>Emotional Symptoms Scale</u></b>	Not True	Somewhat True	Certainly True
Often complains of headaches, stomach-aches ...	0	1	2
Many worries, often seems worried	0	1	2
Often unhappy, downhearted or tearful	0	1	2
Nervous or clingy in new situations ...	0	1	2
Many fears, easily scared	0	1	2
<b><u>Conduct Problems Scale</u></b>	Not True	Somewhat True	Certainly True
Often has temper tantrums or hot tempers	0	1	2
Generally obedient, usually does what ...	2	1	0
Often fights with other children or bullies them	0	1	2
Often lies or cheats	0	1	2
Steals from home, school or elsewhere	0	1	2
<b><u>Hyperactivity Scale</u></b>	Not True	Somewhat True	Certainly True
Restless, overactive, cannot stay still for long	0	1	2
Constantly fidgeting or squirming	0	1	2
Easily distracted, concentration wanders	0	1	2
Thinks things out before acting	2	1	0
Sees tasks through to the end, good attention span	2	1	0
<b><u>Peer Problems Scale</u></b>	Not True	Somewhat True	Certainly True
Rather solitary, tends to play alone	0	1	2
Has at least one good friend	2	1	0
Generally liked by other children	2	1	0
Picked on or bullied by other children	0	1	2
Gets on better with adults than with other children	0	1	2
<b><u>Prosocial Scale</u></b>	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	0	1	2
Shares readily with other children	0	1	2
Helpful if someone is hurt, upset or feeling ill	0	1	2
Kind to younger children	0	1	2
Often volunteers to help others	0	1	2

#### **The Total Difficulties Score:**

is generated by summing the scores from all the scales except the prosocial scale. The resultant score can range from 0 to 40 (and is counted as missing if one of the component scores is missing)

## APPENDIX M

### INSTRUCTOR ASSESSMENT FORM

INSTRUCTOR \_\_\_\_\_

DATE \_\_\_\_\_

CLASSROOM \_\_\_\_\_

SCHOOL \_\_\_\_\_

LESSON NAME \_\_\_\_\_

TOPIC \_\_\_\_\_

#### TEACHING STYLE- OBJECTIVE

Instructor was prepared	YES	NO	_____
Instructor followed lesson plan	YES	NO	_____
Instructor used developmentally-appropriate language	YES	NO	_____
Instructor asked open-ended questions	YES	NO	_____
Activity/craft was prepared	YES	NO	_____
Instructor involved children in lesson	YES	NO	_____
Instructor was enthusiastic	YES	NO	_____
Instructor was warm toward students	YES	NO	_____
Instructor was direct toward students	YES	NO	_____
Instructor utilized full teaching time	YES	NO	_____

#### TEACHING STYLE- SUBJECTIVE

Instructor was engaging to students	1	2	3	4	5
Instructor was responsive to children's needs and questions	1	2	3	4	5
Instructor was kind toward students	1	2	3	4	5
Instructor was respectful toward students	1	2	3	4	5
Instructor modeled manners to students	1	2	3	4	5
Instructor conveyed intended purpose of lesson	1	2	3	4	5

#### ADDITIONAL THOUGHTS

#### CHILD/TEACHER REACTIONS

Children were engaged in lesson	1	2	3	4	5
Children appeared to understand lesson	1	2	3	4	5
Children were engaged in craft/activity	1	2	3	4	5
Children were not disruptive	1	2	3	4	5
Children were respectful to fellow students	1	2	3	4	5
Children were respectful to instructor	1	2	3	4	5

Classroom teacher was present in room during lesson	YES	NO	_____
Classroom teacher was engaged in lesson	YES	NO	_____

#### ADDITIONAL THOUGHTS

## APPENDIX N

### PRE-PLANNED ACTIVITIES AND TIMEFRAME

Goals	Activities	Outcomes	Indicators	Timeframe
<b>Implement revised elementary curriculum in 6 EBRP classrooms using quasi-experimental design (total number of classrooms= 18).</b>	<ol style="list-style-type: none"> <li>1. Select 3 EBRP elementary schools.</li> <li>2. 2<sup>nd</sup> and 3<sup>rd</sup> grade students and teachers complete Time 1 pre-test measures.</li> <li>3. 2<sup>nd</sup> and 3<sup>rd</sup> grade classrooms divided into treatment and control groups.</li> <li>4. MOH trainers teach 10 weeks of MOH lessons in treatment classrooms.</li> <li>5. MOH trainers read stories to 6 classrooms (reading group) for 10 weeks (control group receives no instruction at this time).</li> <li>6. 2<sup>nd</sup> and 3<sup>rd</sup> grade students and teachers complete Time 2 post-test measures.</li> <li>8. Conduct effect assessment on elementary curriculum by comparing pre and post-test measures of treatment and control groups through statistical analysis.</li> </ol>	<p>Improvement in student attitudes and behavior will be statistically significant in treatment classrooms compared to control classrooms.</p> <p>Specific student outcomes will include:</p> <ol style="list-style-type: none"> <li>1. Increase in empathy.</li> <li>2. Decrease in narcissistic attitudes (suggests increase in communal attitudes).</li> <li>3. Decrease in conduct problems and peer problems.</li> <li>4. Increase in prosocial behavior.</li> </ol>	<p>Students and teachers from treatment and control groups will complete measures at Time 1 and Time 2 testing.</p> <ol style="list-style-type: none"> <li>1. Students will self-report using the: <ul style="list-style-type: none"> <li>- Index of Empathy for Children and Adolescents</li> <li>- Childhood Narcissism Scale</li> </ul> </li> <li>2. Teachers will complete the SDQ (Strengths &amp; Difficulties Questionnaire) regarding student conduct problems, peer problems, and prosocial behavior.</li> <li>3. Statistical analysis will compare pre and post measures of intervention groups vs. control groups.</li> </ol>	<ol style="list-style-type: none"> <li>1. Select 3 EBRP elementary schools for implementation by 8/1/10.</li> <li>2. Gather completed Time 1 (pre-test) measures by 9/10/10.</li> <li>3. Begin curriculum lessons in intervention group and stories in reading group by 9/15/10.</li> <li>4. Complete Phase 1 curriculum lessons by 12/10/10.</li> <li>5. Gather completed Time 2 measures by 12/15/10.</li> </ol>

## APPENDIX O

### IRB APPROVAL DOCUMENT

#### ACTION ON PROTOCOL APPROVAL REQUEST



Institutional Review Board  
Dr. Robert Mathews, Chair  
203 B-1 David Boyd Hall  
Baton Rouge, LA 70803  
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**TO:** Jennifer Baumgartner  
Human Ecology

**FROM:** Robert C. Mathews  
Chair, Institutional Review Board

**DATE:** July 9, 2010  
**RE:** IRB# 3096

**TITLE:** Influencing Children's Attitudes and Behaviors through the Teaching of Manners and the Reading of Classroom Stories

**New Protocol/Modification/Continuation:** New Protocol

**Review type:** Full ☐ Expedited ☒ **Review date:** 7/6/2010

**Risk Factor:** Minimal ☒ Uncertain ☐ Greater Than Minimal ☐

**Approved** ☒ **Disapproved** ☐

**Approval Date:** 7/9/2010 **Approval Expiration Date:** 7/8/2011

**Re-review frequency:** (annual unless otherwise stated)

**Number of subjects approved:** 600

**Protocol Matches Scope of Work in Grant proposal :** (if applicable) ☐

**By:** Robert C. Mathews, Chairman 

**PRINCIPAL INVESTIGATOR: PLEASE READ THE FOLLOWING –**  
**Continuing approval is CONDITIONAL on:**

1. Adherence to the approved protocol, familiarity with, and adherence to the ethical standards of the Belmont Report, and LSU's Assurance of Compliance with DHHS regulations for the protection of human subjects\*
2. Prior approval of a change in protocol, including revision of the consent documents or an increase in the number of subjects over that approved.
3. Obtaining renewed approval (or submittal of a termination report), prior to the approval expiration date, upon request by the IRB office (irrespective of when the project actually begins); notification of project termination.
4. Retention of documentation of informed consent and study records for at least 3 years after the study ends.
5. Continuing attention to the physical and psychological well-being and informed consent of the individual participants including notification of new information that might affect consent.
6. A prompt report to the IRB of any adverse event affecting a participant potentially arising from the study.
7. Notification of the IRB of a serious compliance failure.
8. SPECIAL NOTE:

*\*All investigators and support staff have access to copies of the Belmont Report, LSU's Assurance with DHHS, DHHS (45 CFR 46) and FDA regulations governing use of human subjects, and other relevant documents in print in this office or on our World Wide Web site at <http://www.lsu.edu/irb>*

## **VITA**

Shawna Gose graduated from Wheaton College in 2006 with her Bachelor of Arts in psychology. She has worked in Baton Rouge, Louisiana, for the Manners of the Heart® nonprofit organization since August, 2006, serving as Operations Director through November 2009, and as Program Director since December 2009. She earned her Master of Science in human ecology at Louisiana State University in 2011, concentrating her studies in family, child, and consumer science. Shawna is a member of the Society for Research in Child Development (SRCD) and the American Educational Researcher's Association (AERA), and was a presenter at the AERA national conference in April, 2011. Shawna and her husband, Ty, enjoy volunteering their time to various nonprofit organizations in the Baton Rouge community.